A REVIEW OF NURSING MANPOWER IN NEW BRUNSWICK

April 1982

April 5, 1982

Honourable Brenda Robertson
Minister of Health
Province of New Brunswick

Dear Mrs. Robertson:

It has been a very real pleasure for me to have had the opportunity of participating, with officials of the Department of Health, and with others who share in the responsibility of providing nursing care to the citizens of New Brunswick, in a review of the nursing manpower situation in the Province. I am pleased to submit herewith my Report detailing the findings of the review and providing recommendations for your consideration.

May I take this opportunity to acknowledge the co-operation and valuable contributions of the many officials of the Department, associations, nursing schools, and hospitals with whom I was able to consult.

I trust that this Report and its recommendations, in conjunction with previous reports that have been presented, will assist in identifying specific policies and strategies directed to the effective management of the Province's nursing manpower resources.

Yours sincerely,

LAKlippert

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INTRODUCTION

1.00 INTRODUCTION

"One of the greatest challenges in the health field today is the effective management of health manpower resources. Nursing personnel make up the largest occupational group in the health sector, and it is essential that sufficient attention be given to the manpower planning of this group"[1]. This fact is well known to those who share in the responsibility of providing health care to New Brunswickers (including the Department of Health, hospitals, and professional associations).

The "effective management" of nursing manpower resources implies considerably more than ensuring the availability, in adequate numbers, of nursing personnel. Additional and equally important facets of "manpower management" are

- ensuring that available nursing personnel are appropriately educated (trained) and possess the skills required to provide a high quality of nursing care, and
- ensuring that the work setting (or environment within which nursing care is given) is conducive to the provision of a high quality of nursing practice.

1.01 BACKGROUND TO THE STUDY

New Brunswick is not unique in its concern about nursing manpower. In fact, there are many jurisdictions throughout Canada, and indeed, throughout North America, where substantial nursing shortages exist at present. Of even greater concern are the projections, in several jurisdictions, that given current trends (and projected output of nursing education programmes) the shortages are very likely to become worse in upcoming years. Since the obvious short-term solution to an existing shortage is the recruiting of trained nursing personnel from "further afield", the shortages (in other provinces, particularly) must be viewed as a concern by New Brunswick.

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[1] Report of the New Brunswick Nursing Manpower Committee, 1980, p. 1.

Over the past two years, the Department of Health has initiated two nursing manpower studies, and reports providing analysis and recommendations have been presented to the Minster. Recently also, a study initiated jointly by the New Brunswick Department of Labour and Manpower and the Canada Employment and Immigration Commission has been completed. The nursing manpower situation continues to be reviewed by the New Brunswick Nursing Manpower Committee - a committee which is advisory to the Minister of Health, and which works closely with officials of the Planning and Evaluation Division of the department.

It is exceedingly important to note that, over the past few years, there have also been several specific actions taken by some of the hospitals, and by the province's nursing educational institutions, in response to unsatisfactory manpower trends. Indeed, these actions are, or soon will be, "bearing fruit", and it is partly as a result of efforts undertaken by the health care system that, in several respects, urgent manpower problems of 1980 and 1981, may be less urgent at this point in time.

As a part of the existing effort that is being undertaken, the author was requested in late 1981 to participate with officials of the department and with others in the health care system in identifying strategies by which the goal of "effective management" of the province's nursing manpower resources can be achieved.

1.02 SCOPE OF THE STUDY

The terms of reference for this study are as follows:

1. To review the province's current nursing education and employment situation, using the three recent reports on nursing supply as an integral part of the background for this.
2. To identify actions that are required to resolve identified education-related issues such as the following, so that provincial supply needs in total and by specialty, language, etc., can be met by an effective and efficiently structured nursing education system:
    - clarification of the roles and responsibilities of the various agencies and organizations involved in both basic and continuing education and also in retraining/up-grading programmes for nurses.
    - establishment of suitable mechanisms to ensure adequate coordination of the various education programmes covering such current groups as orderlies, RNA's, RN's, BN's, etc.

   - establishment of suitable ongoing mechanisms to ensure adequate communication and coordination among the groups involved in various aspects of nursing manpower planning.

3. To identify actions required to resolve identified work related issues such as:
   - the management role of senior nursing service positions
   - job descriptions and salary levels which reflect job skills and responsibility in the nursing care field
   - effective recruiting programmes
   - suitable job orientation programmes
   - turnover rate reduction
4. To make specific recommendations for action (including an indication of their relative importance) that clearly indicate what needs to be done, by whom, by what method, and in what order to successfuly resolve the issues and problems that have been identified.
5. To submit a report to the Minister of Health by February 26th, 1982 (this deadline was subsequently modified to March 31st, 1982).

While the terms of reference are indeed broad and far ranging, it very quickly became abundantly clear to the author that he had neither the time or resources available, nor did he possess the expertise to make a specific recommendation for action in all areas of interest identified in the terms of reference. Hence while the report puts forward some discussion, and in several cases some viewpoints on a broad range of nursing manpower "issues", specific action - oriented recommendations have been put forward in only a few areas, and only when there appeared, in the view of the author, a general concensus as to the urgency of the situation, and as to the direction in which it is necessary to move.

1.03 APPROACH TO THE STUDY

With the concurrence of senior officials in the Department of Health, the review undertaken by the author consisted almost exclusively of a series of consultations and discussions with officials within the Department of Health, and with others intimately involved in, and concerned with nursing manpower (a listing of those individuals with whom the author consulted is attached as Appendix A). Although a large number of interviews and consultations were held, regrettably it was not possible to meet with, and/or receive the advice of all those individuals and organizations involved in the nursing manpower situation. Hence, in the case of small hospitals, the consultation process was supplemented by a questionnaire which was forwarded to a number of hospitals. It was gratifying to have a very high response rate. A considerable amount of valuable input was received in this manner, a summary of which is included in Appendix E.

Since, to date, the concerns relating to nursing manpower involve mainly the acute hospital setting, and, recognizing that by far the majority of nursing personnel are employed in this setting, the report specifically deals with nursing manpower in the acute hospital setting - and to a lesser extent, to the nursing home/long-term care setting. Other important areas of nursing service, and the nursing education field have not been addressed.

Because the study consisted almost exclusively of a process of consultations, this report "focusses" on a number of critical issues and the actions required to address these issues that were identified by a number of the individuals who provided input. In saying that, however, it should also be recorded that the report is the report of a single individual, and it is inevitable that the biases and the opinions of that individual have a substantial impact on the observations and recommendations made. In fairness to the reader, an attempt has been made during the report to identify those observations and recommendations that relate simply to the opinions of the author (occasionally unsupported by hard data).

It should also be emphasized at the outset that this study has attempted to deal with nursing manpower issues. It is recognized, however, that a large number of the issues which impact substantially on nursing manpower are, in point of fact, issues that relate to the very essence of the professional practice of nursing. As examples, important "nursing" issues which impact substantially on manpower include those issues that relate to the "role" of nurses, the range and scope of nursing practice, the quality of nursing practice, the qualifications necessary to practice nursing, among many others.

The author is acutely aware that he is not a nurse, and is not qualified to pass opinions on issues that are critical to the very essence of nursing practice. Obviously, such issues can only be dealt with (and presumably are being dealt with) in an appropriate manner by the nursing profession itself, as well as by employer organizations and governments, as appropriate. However, the distinction between nursing manpower issues and issues intrinsic to the practice of nursing is in many cases difficult, if not impossible, to make. To the extent that this report deals with the latter, the author has attempted to rely heavily on the opinions and advice provided to him by the several nurses with whom he was able to consult.

1.04 SOME TERMINOLOGY USED IN THIS REPORT

An Understanding of the Term "Nursing"

As outlined in the terms of reference, the study has attempted to address at least some of the issues relating to the manpower situation with respect to orderlies, registered nursing assistants, and registered nurses, and has utilized the term "nursing personnel" to include all three groups. While recognizing that, in many settings, there exists a valid role for personnel within the nursing structure who do not possess formal training (or alternatively have received on-the-job training), these personnel have not been included in the scope of the study.

There is also an acknowledgement of the rather immense range of responsibilities included within the professional practice of nursing, and the immense number of different skills required of nursing personnel depending upon the setting within which they work, the specific clinical responsibilities they take on, and the degree of supervision provided to them within the working environment. There is also a recognition that, within the nursing organization, there is a requirement for a substantial number of nurses to possess rather more generic skills and abilities in addition to nursing skills, most of which relate to providing leadership (including direction and supervision of other nursing personnel, the teaching and/or instruction of nursing personnel, and the administration and management of the nursing organization). Hence, where appropriate, the study has attempted to address some of the issues relating to this aspect of the overall nursing manpower situation as well.

Note is made, for the record, that the terms "training" and "education" have been used interchangeably, although we do recognize the subtleties of the two terms. It is interesting to note that within the health care field, there is little distinction made in the use of these two terms, e.g. we tend to speak of post basic training, continuing professional education, etc.

An Understanding of the term "Shortage"

Conceptually, at least, a shortage of nursing personnel exists in any setting where the number of personnel fall short of reaching the "ideal" numbers necessary to provide a high quality of care consistently over a period of time. One of the problems has been, of course, the difficulty in reaching concensus as to what number of nursing personnel is necessary to maintain the ideal. This factor has been identified very clearly in one of the previous reports and, as has been stated, it is obviously of high priority that continued effort be made to develop (through staffing methodology studies, etc.) a clear understanding of the optimum number of nursing personnel in any given nursing care setting. In actual fact, however, shortages are more realistically measured against the numbers of nursing personnel being sought by employing agencies. It is within this latter framework, that recognizes the fact that the numbers of "approved positions" reflect the realities of limited resources, and competing demands from other significant professional groups and activities within the health care sytem, that the term "shortage" is used in this report.

One further, and in our view, extremely important element in the concept of "shortage" relates to the unavailability of nurses with necessary skills/abilities/work experience, although the numbers of nursing personnel exist in adequate quantity. The "under-filling" of a number of nursing positions by nursing personnel without the necessary or desirable experience and training has been identified in one of the previous reports as a critical nursing manpower issue. Certainly, during the progress of this study that fact was confirmed by a large number of senior nursing personnel throughout the province.

2

SUMMARY OF FINDINGS OF PREVIOUS REPORTS

2.00 SUMMARY OF FINDINGS OF PREVIOUS REPORTS

The progress of this study was greatly aided by the three reports produced over the past two years, all of which address the nursing manpower situation in the province. Each of the reports was prepared by a committee consisting of recognized leaders within the nursing profession, and (in two cases) by representatives from involved health care agencies and associations. While each of the reports deals with the subject from a different perspective, each provides considerable insight into the many complex factors which have contributed to the current situation, and contributes substantially to the identification of the diverse strategies and approaches necessary to ensure an adequate supply of nursing personnel. In total, the three reports provide an exceptional base of knowledge upon which action can be undertaken.

The following comments on each of the reports are essentially descriptive in nature and do not attempt to summarize the content of the reports. Note that, for easy reference, the summaries and recommendations of each of the reports have been reproduced as Appendices B through D.

Report of the N.B. Nursing Manpower Committee

The N.B. Nursing Manpower Committee was established as an advisory body to the Department of Health in the fall of 1979. Consisting of representatives of the N.B. Association of Registered Nurses, the N.B. Association of Registered Nursing Assistants, the N.B. Hospital Association, the N.B. Nursing Homes Association, the N.B. Medical Society, and the Department of Health, the Committee was given a mandate to make recommendations across a broad range of nursing manpower planning issues, and required to submit an annual report on its activities to the groups represented.

As one of its first activities, the Committee conducted a survey of nursing care staff throughout the province in early 1980, the results of which are presented in its first report, along with a series of 11 recommendations. (For ease of reference, the Summary and Recommendations of the Report are attached as Appendix B of this report.)

It is instructive to note that, in the absence of province-wide data on nursing manpower, the Committee's first activity was a data collection exercise. Although supplemented somewhat by surveys conducted subsequently by ad-hoc committees, the Committee's report provides the only hard data of a province-wide nature available (albeit almost two years old). It is obvious that the Committee recognized the existing (and almost universal) problem of unavailability of accurate and timely information in the manpower planning area in making its recommendation (number 2) that priority be given to the development of a suitable health manpower data base.

Report of the Committee on Registered Nurse Availability Within New Brunswick

In March of 1981, the Minister of Health established the Committee on Registered Nurse Availability to examine factors affecting the supply of Registered Nurses in the province. The Committee consisted of representatives of the nursing profession, from both the education and service settings. It addressed a range of variables which impact on the recruitment, retention and turnover of RN's within the hospital, nursing home, education, and community settings. The report was presented to the Minister of Health in July 1981. (For ease of reference, the Summary and Recommendations portion of the Report is reproduced in Appendix C.)

The Committee, consisting entirely of experienced RN's, and with a mandate that included RN availability, provided the Minister with a broad range of recommendations, the majority of which relate to the practice of professional nursing in each of the various work settings (hospital, nursing home, education, and community). Many of the recommendations have as their aim the provision of enhanced quality of professional nursing care, and/or the establishment of work settings and environments conducive to the provision of high quality nursing care. While, indeed, the implementation of such recommendations would undoubtedly positively impact on nursing manpower, they also relate, in large measure, to elements of nursing practice essential to providing quality nursing care. In that regard, a majority of recommendations made by the Committee on RN Availability are applicable, whether or not there is a co-existing concern regarding manpower (i.e. numbers) shortage.

"Nursing Shortages: Turnover Reduction and Re-entry of the Non-Practicing Nurse" - Report of the Manpower Consultative Committee on Nursing Shortage

As a result of increasing concerns of the manpower policy planning agencies, at both federal and provincial levels, a committee (the Manpower Consultative Committee on Nursing Shortages) was established in February 1981. The Committee, consisting of a Chairperson, an equal number of representatives of employee and employer - in this case, the N.B. Association of Registered Nurses and the N.B. Hospital Association - and a representative of the Department of Health, and with financing provided jointly by the Canada Employment and Immigration Commission and the N.B. Department of Labour and Manpower, undertook a substantial study of the nursing manpower situation, and presented a report in July 1981.

This report examined the local labour market of fourteen major hospitals in eight geographic areas of the province. Its mandate related to RN's only, and its focus was on "short-term" aspects of the RN shortage, with particular reference, as the title of the report indicates, to turnover reduction and re-entry of the non-practicing nurse. The thirty-eight recommendations of the report (reproduced as Appendix D, for ease of reference) are specifically targeted at

- Geographic Shortages (Campbelltown-Dalhousie)
- Seasonal Shortages
- Psychiatric Nursing Shortages
- Qualitative Shortages in Clinical Specialties
- Turnover
- Linguistic Shortages

Additionally, the report identified the principal "stakeholders" in a manpower planning system including:

- at the local level, individual hospitals and area chapters of NBARN
- N.B. Association of Registered Nurses
- N.B. Hospital Association
- Educational Institutions
- N.B. Department of Labour and Manpower

- N.B. Department of Health
- Canada Employment and Immigration Commission

Each of the recommendations provided in the report relate to one or more of these groups.

2.01 A DISCUSSION OF THE COMMON ELEMENTS FOUND IN THE THREE REPORTS

It is instructive to note that, in the absence of up-to-date statistical data, all three of these previous reports relied heavily on information, data, and opinions collected at the time of the preparation of the report. In that respect, the process undertaken during this current study is very similar.

Included in the major conclusions drawn by each of the committees involved in the preparation of the previous reports, are the following:

- currently there is not a generalized and/or province-wide shortage of numbers of nursing personnel
- there is a shortage of nurses trained/ educated for specific clinical and/or administrative responsibilities
- turnover is recognized as an extremely significant element in the nursing manpower situation
- the provision of nursing services to patients in their language of choice is a critical element in the care process; hence the availability of francophone and/or bilingual nursing services is an important facet of manpower planning.

Most importantly, implicit in the recommendations and conclusions of all of the three previous reports has been a recognition that the resolution of nursing manpower problems is unlikely to be accomplished by strategies and/or actions developed by only one organization (e.g. the Department of Health, or the employer, or the professional association).

3

THE DEMAND FOR NURSING PERSONNEL

3.00 THE DEMAND FOR NURSING PERSONNEL

To a great extent, the concerns expressed in this province, and indeed, across the country have focussed on a number of variables which relate to the "supply" of nursing personnel, such as:

- the turnover of nursing personnel, especially in the hospital setting,
- the relatively short working-life of a substantial number of nursing personnel,
- the changing approaches to nursing education (with, at least in some provinces, a rather dramatic change in the number of graduates produced annually).

The development of effective manpower policy depends also on an understanding of the "demand" side of the equation. Indeed, a failure to recognize the developments that have taken place, and are occurring at the present time, in the health care field, and more particularly in the practice of nursing, would severely hamper the effective management of the province's nursing manpower resources.

As in other facets of manpower planning policy, the numbers of nursing personnel represent only one aspect of the issue. It is also critical that the skills possessed by nursing personnel in the work environment (and by those entering the profession) are appropriate to the current and future demands that will be placed on them.

3.01 SOME RECENT TRENDS IN THE DEMAND FOR NURSING PERSONNEL

In an effort to gain some understanding of what has occurred in recent years with respect to the "demand" for nursing personnel, the annual statistical returns to Statistics Canada (known as HS-1's) of each of the acute care hospitals in the province was reviewed for the years 1977-78 to 1980-81. The data abstracted during this review is presented in a series of tables in Appendix F of this report. Note is made that caution should be utilized in interpreting the data that is presented. (A further explanation of the author's concerns regarding the limitations of the data is also included in the Appendix). As one will recognize, the data portrays the "actual" employment of nursing personnel, so that the existence during these years of an on-going or temporary shortage of nursing personnel, and/or the existence of other extenuating circumstances including budgetary limitations, and/or work stoppages, is already reflected in the figures.

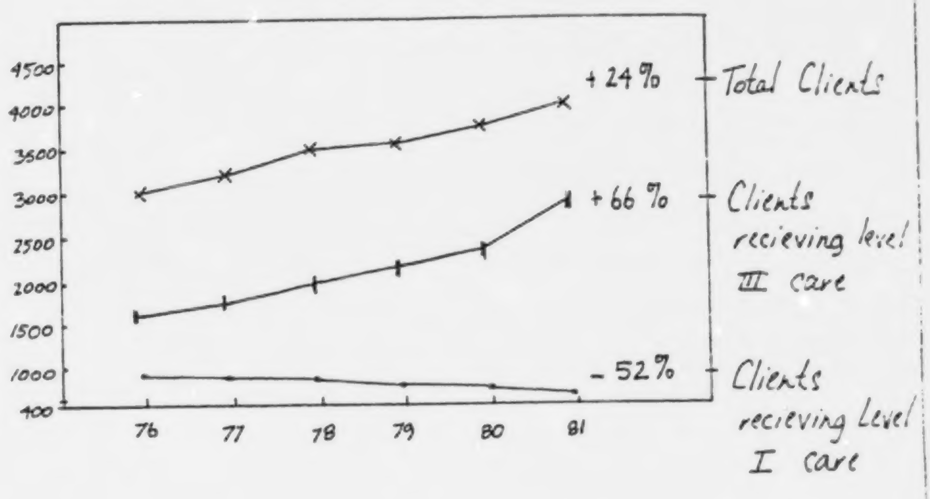
Nevertheless, we hope the data does satisfactorily provide an understanding, or impression of some recent and existing trends in the demand for nursing personnel in the hospital setting.

Overall, in New Brunswick acute care hospitals, the number of nurses employed (in FTE's) increased 11.2% over the four year period, whereas the number of RNA's decreased by about 1%. The number of orderlies increased by about 22% over the same period (see Table 1 in Appendix F). It should be noted that the number of acute care beds "set up" in the province was essentially unchanged over these same four years.

A closer examination of these trends is particularly interesting. The increase in the number of nurses employed in hospitals was due exclusively to the larger hospitals. In medium and smaller hospitals, the number of nurses employed over the four year period was essentially unchanged. This same observation can be made of orderlies (see Table 3 in Appendix F).

In the case of RNA's, a closer examination of the original data (which is not reproduced in this report) shows that the employment of RNA's in all hospitals was unchanged or decreased over the period, with only one exception. Were it not for the fact that one of the larger hospitals reported a substantial increase in the number of RNA's (in FTE's) employed, the overall trend would have been closer to a negative 3-4%.

Unfortunately, a similar data base was not available to the author for the province's nursing homes. However, the very obvious developments over the past several years in the provision of long-term care have undoubtedly had a dramatic impact on the demand for nursing manpower. Some understanding of the impact of these developments can be gained from reviewing the growth in the number of beds within the nursing home system, and, more importantly, the substantial change in the level of nursing care being provided by these nursing homes.



Some Changes in the Nursing Home System in N.B.[1]

How these developments have actually impacted over the past several years on the numbers of nursing personnel employed within the system has not been detailed in this report. However, we are advised that the number of approved nursing positions in the nursing home system in 1981-82 is as follows:

- registered nurses - 316
- registered nurses assistants - 188
- orderlies - 158
- nursing aides - 960

Trends in the employment of nursing personnel in other work settings were not reviewed during the study. We are advised that, over past years, there has been a substantial upward trend in the employment of professional nursing personnel in the community setting (including public health programmes and community mental health programmes).

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[1] See Appendix F, Table 9.

3.02 DEMAND FOR NURSING PERSONNEL IN THE FUTURE

The trends in the "demand" for nursing personnel in recent years are, of course, of interest only to the extent that they may give some indication of future developments. Clearly, if the province is to be effective in the planning for, and the management of, its nursing manpower resources, an understanding of future "demand" is of paramount importance. Included in the many predictable (or at least partially predictable) factors that must be taken into account are:

- population growth and demographic changes
- proposed new facilities and beds (both acute care and long-term care)
- developments in the provision of community-based services
- trends in the patterns of nursing practice
- technological changes in health care delivery which impact on the demand for special nursing skills.
- external factors (including cost restraints in the health care field)

Information is relatively easily available for at least some of the above factors.

a. Demographic Changes - Table 7 in Appendix F shows selected projections including a predicted total population increase over the next two decades of 13.5%. More importantly, the over 65 year segment is projected to increase by 26.7%, and the over 85 year segment by 66.1% over the next two decades.

b. Proposed new facilities and beds - In general terms, one cannot anticipate any significant increase in the number of acute care beds over the next decade. However, it is likely that the trends toward an increased number of specialized units (psychiatry, ICU-CCU, rehabilitation, etc.) will continue; hence the need for increased numbers of nurses with specialized skills. In the nursing home system, however, we understand that existing planning calls for an increase in the order of 500 beds in the next five years.

c. Provision of community-based services - There is no doubt that in New Brunswick, as in virtually all other provinces in Canada, the provision of an increased volume and range of health care services in the community setting is a priority. Not only will the traditional community health services (Public Health, V.O.N., etc.) likely continue to expand (as budgets allow), there is a considerable likelihood that community-based mental health services, and the "extra-mural hospital" services may expand substantially (again, as budgets allow). The latter service, alone, could develop to a point of employing upwards of 250-300 nursing personnel in the near future, if experience in other jurisdictions can be used as a guide.

Other factors, including technoligcal changes, impact of cost restraints, trends in the patterns of nursing practice, etc, are less easy to predict. Nevertheless, the accumulation of information which contributes to an understanding of these factors is an important facet of the manpower planning efforts of the province.

3.03 SOME OBSERVATIONS AND CONCLUSIONS

The admittedly sketchy data that has been presented is sufficient, at least, to provide a reasonably accurate impression of recent and current trends in the "demand" for nursing personnel, at least in the acute care hospital setting and in the nursing home setting. Trends of particular significance, in that they potentially have a substantial province-wide impact on demand include:

a. Since 1977, the small but significant increase in the numbers of nursing personnel employed in the hospital setting (most particularly relating to RN's employed in the larger hospitals), in the absence of a concomitant increase in the number of beds.

b. The absence of growth in the demand for registered nursing assistants in the acute care setting.

c. The very substantial increase in the number of nursing home beds in the province. Even more important, is the very dramatic trend to the provision of a substantially higher level of nursing care in the nursing home system.

d. The continued strong demand for orderlies (most notably in the larger hospitals)

Although not demonstrated in the statistics, it is also clear that, with increasing specialization occurring across the entire spectrum of health care (particularly in the acute care settings), there are increasing demands for nursing personnel with "specialized" skills. Although not specifically reflected in overall numbers, these demands have contributed largely to the current, and no doubt, future reduction in the demand for registered nursing assistants, particularly in the larger hospital settings.

In the long-term care field, however, it is somewhat surprising to note the relatively low number of registered nurses and registered nursing assistants employed within the nusing home system, especially in light of the dramatic increase in the level of nursing care that is required by the clients of these institutions. While it is recognized that personnel without formal training, and working under the supervision of nurses, may receive (and undoubtedly, in a large number of cases, actually do receive) excellent on-the-job training, it is our view that the role of personnel without formal training is, indeed, a limited one, particularly where the clients require a resonably high level of nursing care. It is the view of many within the health care field, including the author, that there continues to exist a very real role for nursing personnel with RNA (or similar) training, trained within a provincial system, and with a provincial certification as to the attainment of a level of identified skills. While that role does not appear to be an expanding one within the acute care system (and indeed, may in the future be a decreasing role) nevertheless, given the trends in the long-term care field, there appears to be a substantial role for nursing personnel with training similar to the existing level and scope of training received by RNA's. Given the significance of the trends, and the likely demands for nursing personnel in the future, it is undoubtedly worthwhile reviewing the educational programme for RNA's to ensure that the skills and attitudes gained during the training process are appropriate to the long-term care setting.

A continued strong demand for orderlies, most notably in the larger hospitals, is apparent from the statistics reviewed over the past five years. In our view, and following discussions with nursing administrators, this appears to be one situation where the statistics tell only a portion of the story. Since there are almost no males in the other nursing groups (RNA's, RN's), the orderly group is the only primarily male dominated group within most nursing departments. We would suggest that the statistics most likely represent a continued strong demand for males in the nursing field. A much closer examination of the educational background and skills required of males in nursing must be accomplished before it can be assumed there is a growing demand for orderlies per se.

Undoubtedly, the trends over the past few years that have been identified will continue into the future. Indeed, our current knowledge is sufficient to be able to predict with some degree of certainty the impact of population growth, demographic change in the population, planned new facilities, beds, and services, on the demand for nursing personnel. Less easily projected but certainly to be anticipated, are technological developments, and changes in the patterns of nursing practice - both of which will, undoubtedly lead to increasing demands for nursing personnel possessing specialized skills.

4

THE SUPPLY OF NURSING PERSONNEL

4.00 THE SUPPLY OF NURSING PERSONNEL

In general terms, the supply of nursing personnel has kept pace with "demand" over recent years, and, by some measure, has actually exceeded demand. Obviously, however a simple comparison of total registrants to total requirements (i.e. those employed plus vacancies) would yield little useful information. The key information relates to the number of nursing personnel not working but available for work (or alternatively, a determination of what changes to the current situation would be necessary to encourage their "availability"). That data is not easy to obtain.

We do know that, in some areas, the supply of nurses is insufficient to meet demand. Additionally, information has been provided during the course of this review indicating that in other areas, there are nurses available for full-time employment, but unable to obtain it (which raises the issue of the limitation of data collected on a "province-wide" basis. Data on a regional basis simply is not available at present). In terms of RNA's, generally there appears to be an oversupply in most areas of the province.

4.01 RECENT TRENDS IN THE SUPPLY OF NURSING PERSONNEL

Some selected statistics relating to the supply of nurses in the province are presented in Table 10 of Appendix F. It is significant that, over the five years 1976-1980 inclusive:

- the total number of registrants in nursing has increased somewhat (suggesting, perhaps, that "out-migration" of nurses has not posed as large a factor as some have felt. Indeed, we understand that out-migration in the recent past has actually decreased)
- the number of nurses that report having some level of "post-diploma" education has increased dramatically
- generally, the number of nurses reported as "employed" has been dropping (this fact simply cannot be reconciled with data from HS-1's, and other information available, indicating the opposite)
- the number of nurses holding a BN has increased over the 5 year period (to 13% of employed nurses - 11% of all nurses - in 1980)
- the ratio of nurses to the total population has remained stable. In 1976, the most recent year we could find Stats Can data on a national basis, this ratio compared relatively favourably to the Canadian average of 1:129

Table 11 of Appendix F provides some selected data on RNA's. The total number of registrants has increased over the five years of 1976-1980 inclusive, at a very gradual rate. Surprisingly, the number of registrants reported as employed has also increased over the years 1978-1980, although this statistic is not easy to reconcile with other information received. The latest Stats Can information which we were able to locate indicate that the RNA to population ratio in the province (reported as 1:324) was slightly higher than the Canadian average of 1:312.

4.02 CANDIDATES FOR THE NURSING PROFESSION

Traditionally, candidates for the nursing profession are female. In the majority of cases, these candidates enter nursing school immediately (or very shortly) after completing their secondary education. There has been considerable concern expressed within the profession, and publicly, that interest in nursing as a career may be waning, resulting in a "drying up" of the pool of candidates for nursing schools.

Obviously, the availability of candidates for the nursing profession is critical to the successful planning and management of nursing manpower resources. Obviously, too, there are many factors, several of which are external to the health care field, which impact on the choice of nursing as a career. Included in factors which may be somewhat unique to nursing are:

a. At a time when "demand" for nursing personal is increasing (see previous discussion), the number of young people entering the job market from which candidates are selected is decreasing, and is projected to decrease over the next two decades (see Table 7 in Appendix F).

b. Whereas traditionally career opportunities for young females have often been perceived as limited (in the main) to nursing, teaching, and secretarial work, over recent years that perception has disappeared, and, in fact, females are entering in greater numbers a large number of careers which in the past have been perceived as mainly limited to males.

c. With the increasing emphasis on "satisfying lifestyles", the 24-hour a day, 7-day a week responsibilities to provide nursing care (at least in the majority of work settings) becomes a major negative factor.

Almost without exception, the five diploma schools of nursing have been unable to enroll their "quota" of nursing students over the years of the late 70's. This has been due, of course, to the fact that there has been insufficient qualified applicants. Generally, this trend seemed almost universal through the province, affecting most, if not all schools, and both anglophone and francophone students. As a result of this rather disconcerting trend, the five diploma schools of nursing as a group, and a number of individual schools of nursing, undertook in the past two to three years substantial new initiatives in "recruiting". Included in the initiatives was the joint development of a T.V. "spot advertisement" in both English and French which has been aired at appropriate times province-wide. Additionally, individual schools have augmented their recruiting efforts through

- hosting information sessions at the schools of nursing
- attending "career days" for high school students
- visiting high schools and speaking to high school classes
- generally carrying the recruiting "message" further afield, and into smaller and middle-sized communities

Whatever the reason (and, no doubt, a substantial portion of the reason is due to increased recruiting efforts by the schools of nursing), there has been a dramatic reversal of the trend of the late 1970's. In 1981 there was a substantial increase in the number of qualified applicants to all diploma schools across the province, and virtually all schools enrolled numbers up to and exceeding their quota. Preliminary information indicates that this trend is continuing in the current year's applications.

Of particular note is the high degree of interest by mature students in the selection of nursing as a career. Certainly, there appears to be a trend towards increasing enrollment of mature students in the diploma schools. Although there is no specific programme of financial assistance, we are advised that the students frequently make full use of the provincial student loans programme, and in a small number of cases, single parents without alternative support have been aided by provincial social assistance programmes. A number of these mature students, interestingly, are RNA's, and a small number (perhaps 3 or 4) have been "sponsored" by their employer.

In the baccalaureate schools of nursing, the very strong trends exhibited in the number of applicants to diploma schools is not as obvious. However, there continues to be increasing interest in the nursing programmes. Of particular importance is the strong demand particularly in recent years by RN's to return (either on a full-time or a part-time basis) for their baccalaureate degree.

4.03 SOME OBSERVATIONS AND CONCLUSIONS

The selection by young people of nursing as a career will not be made unless there is a significant degree of awareness as to the opportunities available in the nursing field. Clearly, the enhanced recruiting efforts, particularly by the diploma schools of nursing is a substantial factor in the increasing number of applicants to nursing schools. Undoubtedly, as well, the increased degree of public awareness and discussion about existing and/or potential nursing shortages has contributed substantially to this awareness.

Clearly, recruiting activities should continue to be actively undertaken by all schools of nursing.

It is apparent from the very excellent data compiled by the Central Application Centre for applications to diploma schools of nursing in New Brunswick that, in general, (and for diploma schools, at least) nursing school enrolees tend to reside in communities very close to the nursing school. In the longer term, this undoubtedly has a negative impact on subsequent ability to recruit nurses by medium sized and smaller hospitals located a substantial distance from existing nursing schools. In such cases, especially where hospital administrators can predict recruiting problems in the future, perhaps there is an opportunity for these hospitals to participate with individual nursing schools in the recruitment process in their own communities. (This suggestion was made by a concerned hospital administrator who presently enjoyed a stable nursing work force, but can predict having difficulty recruiting to fill vacancies sometime in the next five or so years. In such a situation, it would obviously be of benefit to have new graduates coming "on the market" who are residents of that community.)

For interest, we compared the number of students per 1000 population admitted to diploma schools in 1981, by county. (See Table 16 in Appendix F.) Although the sample is undoubtedly too small to be conclusive, there is a substantial variation in rates of admission, much of which may be explained on the basis of distance from nursing schools. It is particularly interesting that, on a provincial basis, the number of admissions to francophone and anglophone programmes is virtually equal, relative to population.

One final observation relates to the fact that the number of males entering nursing school continues to be a very small percentage of total enrolees. Although considerable lip service has been paid, nation-wide, to the recruiting of males into the nursing profession, little seems to have been achieved. We would strongly suspect that the current environment in which

- there is high unemployment generally,
- nursing salaries are becoming rather more competitive, and
- there remains a continued high demand for males in nursing professions (see previous section),

the time may be appropriate to undertake a very substantial and specific recruiting effort. Obviously, such an effort should be well planned and, probably, province-wide. The involvement of male nurses in the recruiting effort would obviously be a step forward. Perhaps, also, if substantial initial interest could be demonstrated, it might be worthwhile attempting to identify a special "class" in one of the nursing schools in which a group of say 20 or more males could be recruited as a pilot project.

5

THE EDUCATION OF NURSING PERSONNEL

5.00 THE EDUCATION OF NURSING PERSONNEL

The essential role that educational institutions play in the "effective management" of the province's nursing manpower resources is obvious to all. The educational process continues to be an important factor for nursing personnel already "registered" and employed in the health care system. It is in this broader context that there are major needs remaining unmet. In providing educational opportunities for students at the pre-registration level, or for nursing personnel already employed, consideration must invariably be given to:

- availability of programmes
- suitability of programmes (to meet the perceived needs of employers and nurses alike)
- access to programmes

5.01 RESPONSIBILITY FOR EDUCATING NURSES

As in other provinces in Canada, New Brunswick provides two educational streams for the preparation of registered nurses. There are five "diploma" schools of nursing, providing at present a two year educational programme leading to "registration" as a professional nurse and subsequent licensure to practice. In addition to the successful completion of the course of study, the candidates must pass the national qualifying examination of the Canadian Nursing Association Testing Service (CNATS).

Additionally, the province has two university based nursing schools providing a 4 year course of study leading to the academic degree of Bachelor of Nursing, as well as to "registration" as a professional nurse and subsequent licensure to practice nursing. Candidates from a university based programme also must pass the nationally established qualifying examination of CNATS.

Responsibility for quality and scope of nursing practice within the province (including specific responsibilities relating to the approval of the curricula of the schools of nursing, the establishment of qualifying examinations which, as noted above, have been in recent years a nationally set examination, and the subsequent registration and licensure of nurses) rests with the New Brunswick Association of Registered Nurses.

Historically, hospitals have taken on the role of "training" nurses. In years gone by, this training closely resembled an apprenticeship programme. . Over the last decade or more increasing emphasis has been placed on the academic aspects of nursing education and on a more appropriate balancing of educational requirements involving both the development of a knowledge base and the development of specific skills through practice. Throughout most of the country there has been a trend toward the provision of nursing education by educational institutions such as community colleges. This is particularly true in provinces where the community college concept has developed substantially as a "liberal arts" alternative.

In New Brunswick, hospitals were relieved of the responsibility of providing undergraduate nursing training by the mid-1970's. The community college, a relatively recent phenomenon in New Brunswick was, and still is, rather more oriented to the provision of technical educational programmes. Hence since the mid-1970's, the five diploma

Schools of Nursing have operated under independent Boards of Directors responsible to the Minister of Health. There is significant representation on these boards from the hospitals, which continue to contribute to the educational process, and which serve as the main employers of the graduates of these programmes. There continues to be a very close working relationship between the diploma Schools of Nursing and the hospitals - to the point where, in some cases, the nursing school continues to operate within facilities provided by the hospital. In the case of the university based nursing schools, although the formal liaison at the policy level does not exist to the same extent, there has clearly developed a very close working relationship between the two university schools and teaching hospitals, and, as well, with other health agencies which participate in the educational experience of the students and indeed which often employ the graduates.

5.02 RESPONSIBILITY FOR EDUCATING OTHER NURSING PERSONNEL

Since 1975, the community college has provided an approximately 12 month educational programme for nursing assistants. This programme takes place on five campuses throughout the province. Responsibility for the approval of curriculum of the programme, and for the subsequent registration of nursing assistants rests with the New Brunswick Association of Registered Nursing Assistants. As in the case of nurses, "registration" and subsequent licensure to practice is obtained only after the satisfactory completion of the prescribed course of study, and the passing of a nationally established qualifying examination set by the Canadian Nursing Association Testing Service. Note is made that in 1975 the number of places available in the RNA educational programme was substantially reduced to 100 per year (20 in each of the 5 locations in which the course is offered). This related, at the time, to the fact that the number of RNA's unsuccessfully seeking positions in the health care field was high. At present, there continue to be, in some areas of the province, a number of qualified RNA's who are unable to obtain full-time employment in their field.

The situation with respect to the education of orderlies is less clear cut. In the main, orderlies at the Orderly I and Orderly II levels do not possess formal training. Rather they are employed by hospitals without training and progress to the Orderly II level following receipt of "on the job" training and experience. Promotion to the Orderly III level is dependent upon acquiring formalized training through either the community college course for Orderlies, the DND courses for medical assistants and/or the registered nursing assistant training programme (with additional inservice training on subjects not covered in that programme). While at least two of the three educational programmes identified are available in the province on a regular basis, there continues to be a major problem of "access" for many individuals at the Orderly II level who simply can not for financial reasons, undertake a 12 month programme.

5.03 RESPONSIBILITY FOR POST BASIC EDUCATION

At the undergraduate level, there exists a well-defined educational "system". Except in a few cases as noted in the previous discussion, the responsibilities of the educational institutions, of the Department of Health and the professional associations are clearly delineated, and in the main, well understood by all. Indeed, a number of the specific responsibilities of the organizations involved have been spelled out in legislation. Equally important is the fact that through the qualifying and registration process, there exists a degree of confidence that the graduates of these educational programmes have achieved a satisfactory level of knowledge and skill. Indeed through the essentially voluntary participation in nationally established qualifying examinations the "quality" of the personnel practicing in the nursing field in the province can to a significant extent be compared favourably to those practicing throughout the nation.

That same level of development and organization does not exist for educational programming for nursing personnel beyond the "registration" level. And yet there is virtual unanimity among nursing educators and nursing administrators, that the undergraduate programmes do not (and are not designed to) provide the graduates with all the skills necessary to undertake all nursing tasks in whatever setting they may be working with a uniformly high degree of competence. Indeed, almost without exception, the availability of, the difficulties encountered in mounting, and the financing of educational programmes for nurses beyond the "registration" level appears to be a primary concern of all parties responsible either for the education of nurses and/or the provision of nursing services to the people of the province. Because there are a number of aspects to the issue of nursing education beyond "registration", we have elected to rather artifically consider this matter under the following headings:

a. Post basic education

There are a number of specialized areas of nursing practice which clearly require skills beyond those taught in the undergraduate programme. Specific educational programmes to provide a high level of competence and skill in these specialized areas are required.

b. Orientation to the work setting

Responsibility to orient new nursing personnel to the work setting obviously is that of the employer. Depending on the individual work setting (hospital, or unit within a hospital) and depending on the experience of the new employee, this orientation programme may include familiarization (or refamiliarization) with specific nursing skills in addition to an orientation to the policy, procedures and working environment of the work setting.

c. Reorientation (or reentry) programmes

Unique to nursing (we believe) is a requirement that nurses who have absented themselves from the work force for a substantial time period receive a formal reorientation programme prior to becoming relicensed.

d. Inservice Education

Employers accept a responsibility to provide an ongoing education programme to nursing personnel on staff to ensure a maintenance, upgrading and/or broadening, of the skills of the nursing staff as a whole.

e. Continuing Professional Education

It is our belief that individual nurses themselves have some responsibility to maintain their own competence through ongoing educational activities either informally and/or through participation in formal programmes. Indeed, in New Brunswick, the NBARN has demonstrated a leadership role in making continuing education programmes available.

There is admittedly a considerable degree of overlap between the categories identified above. This is particularly the case in the areas of inservice education and continuing professional education. It is the first three areas mentioned above that are of major concern from the point of view of manpower planning.

5.04 POST-BASIC EDUCATION PROGRAMS

There has been a recognized need to provide additional training to nurses employed in specialty units, particularly in the Province's larger hospitals. Increasingly, however, that need is being expressed in medium sized and even smaller hospitals where a "core" of nursing personnel with specialty qualifications can provide direction and teaching to their colleagues, and more importantly can serve to stimulate an enhanced quality of nursing care in the these centres. To date there has been very limited opportunity for nurses to obtain formalized post-basic education within the province. Such post-basic (or post-graduate) programmes have been available in the province in the following fields only:

a. Mental Health

In recent years three courses have been completed with twelve students per course. These courses have been offered by the faculties of nursing of the University of New Brunswick and the University of Moncton. Although the courses differ in several details, the candidates upon successful completion of each course receive a certificate in mental health nursing.

b. OR/RR/Emergency Post-Basic Course

This six-month post-basic certificate programme was established in 1978. Operated by the Moncton Hospital with input from the A.J. McMaster School of Nursing, two courses a year each with a small number of registrants are completed. Recently there has been difficulty in attracting sufficient nurses for each course.

c. Critical Care

The first course of the new critical care post-basic programme began in January 1982 with an enrollment of 8 students. This programme, lasting for 3 months, represents a cooperative effort the St. Joseph's Hospital in Saint John and the Saint John School of Nursing.

It is interesting to note that, in each case, it appears that a primary agency involved in the mounting of the programme is different. In one, it is a university based school of nursing, in another it is a hospital, and in the third the programme is operated by a diploma school of nursing. The role of the professional association in initiating this latter programme is also noted. The three programmes also have much in common. All are approved by the New Brunswick Association of Registered Nurses and meet criteria established by that Asociation. All have an advisory committee with representatives from both hospitals and educational institutions (and others). All provide the graduate with a formal "certificate" which qualifies the graduate for a small increase in remuneration.

With the exception of the relatively small number of graduates from the three programmes mentioned previously (and a smaller number of graduates from post-basic programmes which are offered in centres outside the province) all other specialty needs of hospitals must be met by the hospitals themselves. Indeed, some hospitals expend considerable effort in providing to staff working in "special care units" extensive training programmes. In some cases these hospital programmes extend up to 8 weeks in length and are attended full-time (or virtually full-time) by selected hospital staff members. Such courses are offered in operating room nursing, critical care nursing, etc. One of the areas which seems to have an almost universal demand is in coronary care nursing (one of the essential skills being the ability to recognize significant arrythmias on ECG). A large number of hospitals offer in one form or another, regular training opportunities in this particular area.

It has been pointed out to us on a number of occasions that the continued and regular offering of such courses is expensive for hospitals from a number of points of view including:

- nurses taking the course are unavailable for regular work,
- the mounting of such courses takes considerable time from senior specialized nursing personnel and from inservice coordinators,
- the need to present such courses can, in the long run detract from the overall inservice programme to all nurses employed at the hospital.

It is noted that financing of all these programmes operated by hospitals is carried out within the hospitals' inservce and nursing services budgets (although in many cases, funding is provided through CEIC). Students completing such courses do not receive a formal post-basic "certificate" and are therefore not eligible for increased remuneration.

It is interesting to note that in provincial registration statistics, in 1976 29% of employed nurses reported their highest level of education as including a post-basic degree/certificate. In 1980 that percentage had increased to 56%. It is clear that further examination would reveal only a small percentage actually possess a formal post-basic certificate. One suspects a larger portion have received a significant post-basic inservice course. The large increase in the number of nurses reporting this additional training indicates the obvious need perceived by hospitals and to a large extent, the high degree of motivation to obtain such additional training by a large percentage of the employed nursing work force.

5.05 RE-ORIENTATION PROGRAMS

In general, the re-orientation programmes that are required by the professional association (prior to relicensing of nurses who have been "inactive" over a number of years) have been offered by a number of hospitals in the province. These re-orientation courses, of approximately 8 weeks duration, have been seen as a way in which hospitals could relieve urgent shortages of nursing manpower. We have been advised that a substantial number of courses have taken place in recent years and that, since 1978 approximately 250 nurses have "graduated" from re-orientation programmes (see Table 17 in Appendix F). There is not any data, easily available at least, to indicate the short, medium, and longer term results of these re-orientation programmes. In discussions with some nursing administrators, we have learned that the programmes have been only minimally successful in providing increased nursing manpower. The experience in some centres has been that few nurses proceeding through a re-orientation programme subsequently become full-time staff members. Rather they tend to join the regular part-time or casual ranks, if indeed they subsequently re-enter nursing. However, in other centres, the results have been rather more dramatic, and in at least one hospital, it was reported that a high percentage of re-orientation nurses subsequently became full-time staff members or regular part-time staff members. In the latter case, if regular part-time personnel are fitted in to the routine scheduling of an individual patient unit, they can contribute substantially to effective scheduling.

Again the point has been made that the regular offering by hospitals of re-orientation programmes is expensive from the point of view that such programmes often take up the total efforts for a period of time of the hospitals inservice coordinator, thus detracting from ongoing inservice programmes in the hospital. Funding for these programmes has been provided by CEIC.

5.06 SOME OBSERVATIONS, CONCLUSIONS, AND RECOMMENDATIONS

As has been previously noted, there exists in the province a generally well organized "system" for education of nursing personnel at the pre-registration level. While the province is somewhat unique in that responsibility for diploma schools of nursing is placed on 5 Boards of Directors (as opposed to most other provinces where such programmes have been situated within community colleges, or, in some cases, have remained the responsibility of teaching hospitals), the very necessary liaison between teaching (and employer) hospitals and the schools of nursing has remained. In saying that, however, one must note that there is considerable potential for enhancing the working relationship between the schools of nursing and the hospitals to the mutual benefit of both groups. At the "undergraduate" level there is room for

- increased joint effort (especially in smaller communities) in the recruiting of nursing students.
- increased understanding by hospital administrations re: the skill levels of new graduates and perhaps, also, increased understanding by the schools of the demand that hospitals place on their graduates. (Again this applies mainly in smaller hospitals.)

- increased participation by smaller and medium-sized hospitals in the education process (this is noted, although we recognize the immense logistic problems of involving hospitals at a distance from the school in a portion of education process)

In our view, the examination and assessment of the two-year diploma programmes that is currently in progress is an important aspect of the overall manpower planning process. This exercise provides a significant opportunity for increased liaison and discussions between educators and service providers.

It is noted that the status of the Boards of Directors of the five diploma schools remains unclear. While this has not appeared to impact on the education process, or on nursing manpower, it is obviously preferable that the legal status of the Boards be clarified in the near future.

The two university schools of nursing continue to provide to the province a significant proportion of total nursing manpower. As of 1980 13% of the total employed nursing manpower possessed a baccalaureate degree, a much higher proportion than several provinces in Canada have achieved. In light of the demand which will be placed on the nursing manpower in the future, it is inevitable that the role of university schools of nursing will increase in future years.

The fact that there are a total of seven schools of nursing in 5 locations in the province is a very definite advantage. Even with schools in 5 centres, there remain a number of hospitals and nursing homes located a considerable distance from a nursing school - and at a disadvantage overall in their ability to recruit nurses. We have already alluded to the special efforts that employer institutions and nursing schools can and should take to overcome this difficulty.

Similarly, the fact that the RNA programme is available in 5 locations throughout the province continues to be an advantage in terms of accessibility. Clearly, however, there is a very real need to assess the RNA programme, in conjunction with a re-evaluation of the role of the RNA in both acute and long-term settings. This matter will be discussed in more detail in a later section of this report.

That facet of nursing education that takes place following "registration" is not nearly as easily sorted out as is the pre-registration process. While there is a very definite recognition of the need for educational programming at the post registration level, and, as well, a high degree of motivation on the part of a substantial percentage of practicing nurses to undertake further education, many problems seem to emerge (a number of which are not easily resolved). What is particularly notable, at least to someone not familiar with the system, is the fact that hospitals (which have been relieved of the responsibility of educating undergraduate nurses) are increasingly involved in providing educational programming at the post-registration level. This, in itself, is not inherently a bad thing. Indeed, the hospitals involved have identified a need (or needs) and, in the absence of alternatives, have moved to fill this need - much to their credit.

Rather, what is of concern, in our view, is the fact that increasingly, many of the programmes being offered within the ambit of inservice education really fall into the category of "post-basic" education. For example, several so called inservice courses being offered in hospitals are 8-weeks, full-time education programmes representing a substantial investment both for the nurse taking the course, and more particularly for the hospital. While we have every confidence that these courses are of high quality, nevertheless they have been designed to meet "local" needs and without doubt there is considerable variation in content, candidate selection, criteria, etc. from hospital to hospital. Nurses completing such programmes receive no recognition for having done so except in the hospital they are currently employed. Also of concern is the fact that the massive effort to mount such courses can not help but detract from the more general inservice programming for all nursing personnel within the hospital.

In the mean time, the educational institutions, except for a few isolated situations, are not involved in the provision of education programmes at post-registration level. Admittedly, the needs for specially trained nurses exist within hospitals, and in most cases, a significant portion of each course undoubtedly must take place within the hospital setting. In fact that is also true for undergraduate education

Post-Basic Certificate Programs

In our view the "problem" rests with the unavailability of a range of formalized post-basic certificate programmes. We would note, parenthetically, that this problem is not unique to this province, but exists in several other provinces in the country.[1] We would recommend that a high priority be placed on the development of a range of such programmes. As a result of discussion we have held with several nursing educators and administrators throughout the provinces we do not believe that such a development would be difficult (and perhaps not particularly expensive), for the following reasons:

a. A satisfactory mechanism (through NBARN) for approving such courses is already in place. The recently initiated critical care course could serve as a prototype.

b. There is, we believe, a very real interest in an involvement in post-basic courses by the nursing schools (sharing the responsibilities for mounting of programmes with hospitals, where appropriate)

c. In many cases, hospitals are already investing substantially in providing up to 8-weeks full-time programmes to their own staff. With increased availability of formal programmes, over time the need to mount on a frequent basis in-hospital programmes of this nature would diminish.

Because of the geographic distance between hospitals in the province, and the need to provide courses in both languages, clearly "access" to such programmes will always pose a problem. Recognizing these problems (particularly the former), one would encourage the development of programmes which, where possible, would include innovative educational methods to allow for a portion of a course to be carried out by students at "home" and on a part-time basis (e.g. through use of tele-conferencing, use of guided independent study, etc.). Additionally, the concept of "borrowing" or seconding well qualified hospital nursing staff members (and perhaps the appointment of these individuals as "associate" or part-time members of faculty, where appropriate) could assist in the decentralization of a portion, at least, of some educational programmes.

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[1] J. Kotaska, Post-Basic Education: Another Nursing Crisis?, RNABC News, Nov-Dec, 1981.

Clearly, the key to success of any formal post-basic certificate programme is the development of an appropriate funding mechanism. It has been the absence of a clearly understood funding approach that has been of major concern to hospitals and nursing schools alike *vis-a-vis* their efforts to date. In the hospital, funding for all programming has come from the nursing service and in-service budgets (although, in several cases, additional funding has been provided by the Department of Health on a "special needs" basis). In terms of formal post-basic programmes and some "in-house" programmes, funding has been through CEIC, with additional funding from the Department of Health. There continues to be considerable uncertainty as to the future of such funding.

We would recommend that the funding for post-basic certificate programmes be undertaken by the Department of Health, and that such funding be organized along two distinct lines.

a. funding for mounting of each programme
    - this funding would be provided to the school of nursing and/or the hospital undertaking the programme and would

cover cost of material, cost of the course coordinator and instructor(s) (in some cases the courses may utilize part-time instructors or individuals seconded for a short time from other responsibilities within the hospital or the school)

b. Funding for individual students accepted into each course
    - This funding would be provided through the budget of the hospital "sponsoring" each student. In this way, individual hospitals would identify place priorities on its "needs" for specially trained nursing personnel. Depending on what is the most appropriate, it would put forward proposals to mount significant (non-certificate) programmes "in-house", or identify personnel to be enrolled in formal certificate programmes. The planned use of each hospital's budget for such items would be subject to annual negotiation and would relate to the needs identified by each hospital. Funding provided through this mechanism could cover modest tuition fees, text book costs, room and board, where applicable, and "replacement" costs where necessary.

It would be unrealistic to expect that such a mechanism would allow all hospitals to meet all, or even a large portion of their identifed needs, over the short term -

given the current climate of cost restraints. However, the approach proposed would, at least, ensure that training needs could be "prioritized", and that a planned approach to meeting such needs could be undertaken. Additionally, the approach provides a mechanism whereby, specific discussion (and negotiation) between Department of Health officials and hospital officials could be ensured, on at least an annual basis.

It is our view that in principle the costs of undertaking formal post-basic certificate programmes should be shared between:

- Department of Health - as agency responsible for the health care system.
- Sponsoring Hospital - for example a hospital could accomplish more with the same amount in their budget by not replacing nurses on course where this is possible. It is also our view that "investment" in the training of key staff members in this manner represents a valid priority for the use of non-government funds that hospitals may have available to them.
- Student - any financial contribution expected of each student must relate to the expected financial return as a result of completing the course. This is, at present, a very modest financial return; hence, so should be the financial contribution expected of the student. In a less tangible way, however, the students could contribute by undertaking portions of the programme on

a part-time basis and in their own time, and in some cases could contribute by minimizing room and board costs etc. where this is possible to do.

Ideally, a portion of the funding for formal post-basic certificate courses will continue to be made available through CEIC - either by the provision of assistance to the organization mounting the programme, or by assistance to individual students. Whether or not such financial assistance is available, should not, hopefully, threaten the existance of such courses.

We should note that the formal post-basic courses offered should not preclude any non-sponsored student from undertaking the programme. While significant financial assistance would presumably not be available to such students, clearly tuition costs should be designed so as not to be prohibitive.

Upward Mobility of Nursing Personnel

A very real concern to many in the nursing profession is the relative lack of a career structure within nursing. Increasingly, opportunities for "promotion" and or movement into alternative work settings (e.g. community health, educational setting, etc.) are available only to the baccalaureate nurse. Undoubtedly, this trend will continue into the future.

The RNA's role is a limited one with virtually no opportunity for advancement. Similarly the diploma school graduates receive an education specifically designed to produce nurses who provide a high quality of bed side care. Many diploma RN's can continue with the post-basic educational programming to receive additional "specialty" skills, and, in most hospitals, diploma nurses continue to have an opportunity to take on roles as team leader, head nurse, and even more senior nursing positions. Undoubtedly, however, in future these latter opportunities will become increasingly unavailable to the diploma nurse. We recognize that, for many in the nursing field, (and perhaps the majority) the relative lack of opportunity for promotion does not pose a problem. However, for a number of individuals within the system, and indeed, for the system itself, the fact that a large percentage of available nursing personnel may be effectively precluded from taking on leadership roles within nursing is of major concern.

In New Brunswick, as in other areas of Canada, there has been considerable interest and discussion with respect to the development of the "ladder" concept. Within the nursing fields, the ladder would presumably "connect" the RNA, the diploma RN, and the BN, in a sort of educational hierarchy. As we understand it, conceptually at least, the ladder concept would entail a structure in which:

- the 12 month RNA programme would also serve as the first 12 months of the RN programme for those RNA graduates who elected subsequently to proceed to the RN, and
- in turn, the RN programme would serve as the first 2 years of the 4 year BN programme for those graduates who elected to proceed into this programme.

It should be noted that such an educational framework has not been attempted in Canada (although we understand that a pilot project in one community college in British Columbia has "connected" the RNA level programme with the subsequent RN programme. (In this case the community college has responsibility for training both levels of nursing personnel.) There are a number of very serious barriers to achieving a ladder concept, not the least of which is the fact that, in this province (as in many others) responsibility for educating each of the levels of personnel rests with different educational institutions. From the point of view of overall management of the health care system, too, an exclusive, or almost exclusive reliance on the ladder concept reduces flexibility i.e. it may tend to put too many of the manpower "eggs in one basket". The fact remains, however, that this concept does provide a ready solution to the lack of upward mobility that currently exists for RNA's and RN's.

An alternative approach and one which we would recommend, is the development of specific strategies to identify, encourage,and when appropriate, assist selected nursing personnel to obtain a higher "qualification". The development of such strategies would serve the dual purpose of:

a. providing to a number of highly motivated and experienced nursing personnel an opportunity to advance in a career sense, and

b. providing to hospitals and nursing homes an additional "instrument" by which they can undertake active manpower planning and development for their institution.

In general terms, one would visualize the programme operating along the lines of the current "health bursary programme", but applicable to employees of hospitals.

Selection of candidates would be based on criteria including:

- existance of a manpower "need" in an institution, which is unlikely to be met by recruitment of new personnel
- candidate to be highly motivated, experienced, and to have performed at current work levels in an above average capacity
- candidate to be qualified and accepted by an educational institution
- candidate and sponsoring agency willing to commit themselves to a position within the institution upon graduation.

We would anticipate that such a programme would be applicable to only a few hospitals and nursing homes. Given the fact that there are not many RN shortages in smaller hospitals, and the fact that there are invariably many difficulties in identifying RNA's willing and able to undertake nursing education, it is very likely a programme applicable to RNA's would be used only in exceptional circumstances and infrequently. In actual fact we understand that there currently are a small number of RNA's that have been identified by the nursing homes who are in receipt of assistance to undertake their RN. We would recommend formalizing this programme so that it is available on a limited basis to other institutions which may benefit.

Similarly, for certain small hospitals and nursing homes, there may be room to put forward a programme to encourage highly motivated nurses to undertake education at the baccalaureate level (especially those nurses who are likely to remain residents of the smaller communities where they are presently working). Such a programme would entail a relatively modest (partial) financial assistance in return for an agreement to continue to work in the sponsoring hospital, presumably in a "leadership" position.

The educational institutions also have a critical role to play in encouraging highly motivated individuals to achieve a higher level of qualification. Clearly, the most obvious way of accomplishing this is to give as much "credit" as possible for previous education and experience; hence shortening the time, and the number of courses to be taken, in achieving the higher qualification. We recognize that this can only be done to the extent that the standards of the educational process are maintained. We understood that, at the present time, the RNA returning to a diploma school is unable to obtain any abbreviation of the length of her RN training, and that the RN receives about 1 year of credits towards the four year programme.

Other ways in which the educational institutions can encourage individuals to seek a higher qualification (and these may, for logistic reasons, only be available in the baccalaureate programme) include:

- allowing individual students to "challenge" certain credit courses
- providing increased opportunities to take "credit courses" on a part-time basis
- providing increased opportunity to take "credit courses" in one's home community (e.g. tele-conference, arranging of part-time faculty to teach certain courses in regional centers, providing some opportunity for guided home study, etc.)

In actual fact, we acknowledge the very considerable amount that has been accomplished by the two university schools of nursing in making credit courses available and accessible to RN's in the province. (The special programme for Edmunston nurses put forward by the University of Moncton in an excellent example.) We can only encourage these schools to continue their efforts, and to seek other avenues in which motivated nurses can obtain continuing professional education of high standard, with "credit" to a subsequent B.N.

6

THE WORK SETTING - HOSPITALS

6.00 THE WORK SETTING - HOSPITALS

Hospitals represent the most significant employers of nursing personnel (in terms of numbers). Also, in New Brunswick, as in virtually every other province in the country, the bulk of the concerns regarding nursing manpower relate to the hospital setting. It is important to recognize that the majority of new nursing graduates obtain their first employment in the hospital setting, almost invariably as general duty nurses. Generally, this also tends to apply to new graduates of the baccalaureate programme in spite of the fact the BN provides a qualification making them eligible for positions in a variety of settings. (A number of nursing educators and nursing service managers expressed the view that such experience is a definite asset, in the majority of cases, to the newly graduated BN's and, as well, to the organizations involved.) Given this fact, it then becomes obvious that other employer agencies frequently recruit nursing personnel from the hospitals.

In discussing manpower issues with senior nursing personnel from hospitals, two facts become abundantly clear:

1. Concerns regarding nursing manpower vary widely from region to region within the province and, indeed, from hospital to hospital depending on a variety of factors including:
    - size of hospital, and requirements for nursing personnel with specialty skills.
    - proximity to nursing schools
    - economic situation within the community being served

- language requirements

2. Virtually all nursing manpower concerns relate directly or indirectly to "turnover" of personnel. In large measure, reduction of turnover would, in itself, greatly reduce other manpower difficulties being faced by hospitals including recruiting, and the requirement to provide regular programmes of specialized training, etc.

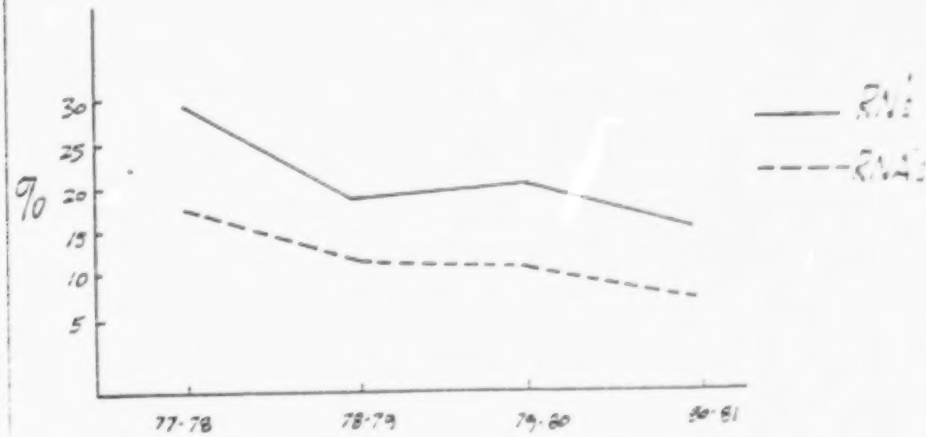
The recognition of these two overriding factors is critical to the development of effective manpower planning policies. Clearly, policies established at a provincial level, must allow for a variety of strategies and actions which may or may not be applicable to every institution.

6.01 TURNOVER OF NURSING PERSONNEL

In all three previous reports relating to the nursing manpower situation in New Brunswick, "turnover" of nursing personnel was identified appropriately as a major factor in the current manpower situation. Certainly, we would concur totally with this assessment, and further, would concur with the several strategies suggested to reduce turnover in the latter two reports.

However, we feel that it is important to put forward a "perspective" on the turnover issue, if for no other reason than to suggest that manpower planners on the provincial scene, and in individual institutions, set realistic objectives in their efforts to reduce turnover. Turnover of nursing personnel has been a fact of life for hospitals for many years, and will continue to be for many years to come. In fact, however, the turnover of nurses in the hospital setting is substantially lower now than in years gone by. In 1965, for instance, turnover in Ontario was 57.3% (reported at that time to be fourth lowest turnover rate of the ten provinces), and has been gradually dropping since that time.[1]

Data colleted from HS-1's demonstrate a reduction in turnover in hospitals in the province over the past five years. Generally, turnover has been substantially lower for RNA's than for RN's.



Turnover Rates for RN's and RNA's in N.B. Hospitals*

*See Appendix F, Table 2

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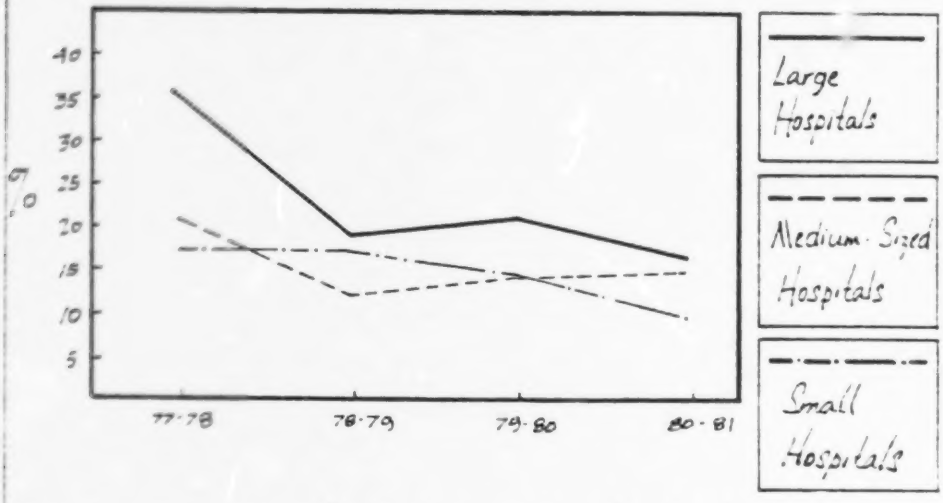
[1] G. Monaghan, The Market for Nurses - We've Come A Long Way' Canadian Nurse 72, Dec. 1976 p. 38.

It is significant too that turnover is generally lower in smaller hospitals than in larger ones.



Turnover Rates for RN's in N B Hospitals[2]

2) See Appendix F, Table 4

Although not obvious in the data presented, a review of individual hospital returns demonstrates a remarkable variation in turnover rates, from very low to very high, - some of which can be relatively easily explained (i.e. high turnover in hospitals serving a community with a substantial number of transient families such as armed service personnel), but much of which seems to be related to inherent differences "within" each hospital concerned. Given the fact that some hospitals have placed considerable emphasis on implementing strategies specifically designed to reduce turnover, it would be of great interest to identify those inherent characteristics of hospitals which seem to be associated with higher turnover and, identify those strategies which have been implemented and have proven successful in reducing turnover. Clearly, from the discussions we have held with administrative nursing personnel in hospitals, it seems, to us at least, that the experiences, both positive and negative of some hospitals could be of benefit to others.

It should also be noted, that the data presented above is complete to the 1980 fiscal year only. Several nursing administrators have reported their impression that further reductions in nursing personnel turnover have occurred within the past 12 months. Clearly that has occurred in most of the 16 small hospitals that provided input to this study (see Appendix E).

It is also significant that turnover is generally lower in New Brunswick than in other jurisdictions. In the US, recent turnover rates have been quoted as 32% overall[2], 40% overall[3], and much higher in some metropolitan areas[4]. In Canadian provinces, similar rates have been reported.

There is no data, on a provincial basis, to indicate the reason that nurses leave their positions in hospitals. Clearly there are a vast number of "reasons for leaving", and equally clearly, some understanding of the relative importance of these reasons is necessary, if effective strategies are to be developed to reduce turnover. For the sake of simplicity, we have looked at the reasons nurses resign from their positions in three categories, as follows:

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[2] N.J. Pitman, NANR Analyzes Nursing Shortage, American Journal of Nursing 80 (1980) p.602.

[3] G.A. Wolf, Nursing Turnover: Some Causes and Solutions, Nursing Outlook, April, 1981.

[4] Wolf, op. cit.

a. unrelated to employment (and therefore probably not likely to be modified as a result of actions by the employer). Some examples include:
   - retirement
   - ill health
   - spouse transfered
   - to raise family
   - desire to move to a new setting to gain experience, or for the sake of "adventure".

b. related to work environment - examples may include:
   - disenchanted with nursing as a career
   - feeling of insecurity with respect to work performed
   - inability to adjust to shift work, etc.

c. to accept a "better" position or to undertake further education. Examples may include:
   - promotion
   - move to another work setting (educational setting, community setting, etc.)
   - move to a position where "hours" are more favourable
   - enter an education programme e.g. to take degree, or post-graduate certificate programme, etc.
   - move to a setting where a shortage exists.

The above categorization is overly simplistic, and there exists considerable overlap in the above categories. The hardest to measure is the "dissatisfaction" element, and its contribution to decisions to resign, even when other reasons are given. We are aware that nurses rely heavily on references from previous employers in seeking new employment. Hence there is often a reluctance to discuss concerns and/or dissatisfation at the "exit-interview".

It is obvious that manpower policies (at the provincial or local levels) are unlikely to significantly effect turnover caused by those reasons in the first category mentioned above. It is also important to recognize that those who leave work for reasons noted in the third category above will continue to contribute substantially in the health care field. In the main, it will undoubtedly be sound policy to encourage some planned level of turnover at this level (even recognizing the disruption to the nursing service within any single hospital when a nurse resigns).

Although we were not able to obtain solid data on the relative significance of each of the above categories, some of the nursing administrators with whom we discussed the subject report that, in their experience, in excess of 85% of all resignations were for reasons totally unrelated to the work setting, with a smaller number of nurses resigning to take promotions or to move to other work settings. Few, if any, resignations seem to relate to dissatisfaction (at least as a first or primary reason given for resigning).

It is of course in this last category that turnover is of major concern. The cause of dissatisfaction with ones job legion, and there has been a considerable amount written on the subject.[1, 2, 3]

The well known "working cycle" of nurses in which many drop out of nursing to raise families, has been well documented in the Report of the Manpower Consultative Committee on Nursing Shortages. While this fact undoubtedly continues to have a major impact on turnover note should be made of an apparent trend away from this typical pattern. In 1977, 50% of employed nurses were in the 25-29 year age range. By 1980, this age group accounted for 57% of employed nurses.

Undoubtedly, the current economic situation has contributed significantly to both the lowering of turnover rates generally and to the apparent increase in the number of young females who continue to work on a part-time or full-time basis while raising a family. There is no doubt also, that an additional factor in the reduction of turnover, at least in some hospitals, has been the very specific actions that these hospitals have taken to increase recruiting and reduce turnover. Actions in some hospitals have included:

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1. Seybolt, Pavett, Walker, Turnover Among Nurses: It Can Be Managed, Journal of Nursing Administration, Sept. 1978.

2. R.A. Ulbrick, Herzberg Revisited: Factors in Job Dissatisfaction, Journal of Nursing Administration, Oct., 1978.

3. G.A. Wolf, Nursing Turnover: Some Causes and Solutions, Nursing Outlook, April 1981.

- opening of communications between hospital adminstrative personnel and nurses employed in the hospital, as well as those not employed but residing in the community.
- evolving new scheduling practices (including shift-sharing, permanent part-time shifts built into the regular scheduling of individual units, etc.)
- in one case, the decentralizing of nursing administration
- encouraging, in some cases, the "transfer" of nurses within the organization to provide new challenges, etc.
- increasing input from the nursing department in the "personnel" or human resources function of the hospital
- increasing inservice programmes to all nurses on staff, with particular emphasis on providing educational programmes to head nurses, appropriate to the needs of this group.

6.02 CURRENT NURSING MANPOWER TRENDS

During the progress of the study, it became clear that the nursing manpower situation in hospitals throughout the province has changed somewhat in the past twelve months. In general, as a result of current trends (including the reduction of turnover) the conclusion of the previous studies that there is not a generalized nursing manpower shortage in the province can certainly be confirmed. In fact, given the continuation of current trends, there is a very distinct possibility that, in the near future, a number of nursing graduates will find it difficult to obtain full-time positions, at least in hospitals located near the nursing schools from which they graduated. In saying that, however, it must be recognized that some hospitals continue to have difficulty in attracting nurses in sufficient numbers, and for the time being at least, it is important that the flexibility to recruit from out-of province, or even from abroad, remain open to these hospitals. The reasons for the difficulties in attracting nurses in some hospitals are, of course, varied. One significant factor is that the number of graduates from the nursing school in the area of the hospital (generally a primary source of nursing recruits) is insufficient to meet the demands in the region. With high demand for graduates from all nursing schools, recruiting of graduates from nursing schools further afield (i.e. in other regions) generally is less productive. We would anticipate an easing of this situation with increased number of graduates from most schools anticipated in 1983 and on, and with fewer openings as a result of reduced turnover. Other specific reasons for local nursing shortages are well known and include the relative isolation of some communities, which makes recruiting difficult, and the economic downturn in other communities causing some nurses to move away and creating increased difficulties in recruiting replacements.

Generally speaking, however, most hospitals do not report a current shortage in nursing numbers. In the sixteen small hospitals that provided information (a summary of the data provided is included is Appendix F), only four hospitals reported difficulty in filling general duty nursing positions. The majority of small hospitals reported no vacancies, and little difficulty in filling vacancies. In a number of hospitals, the respondents were able to identify potential full-time staff members in the community (at both the RN and RNA levels).

Clearly the actual (and perceived) manpower situation in each hospital varies considerably; hence, it is difficult to generalize on a provincial, or even a regional, basis. However, the following areas of concern were identified by one or more of the hospitals - and to a greater or lesser degree, these issues impact on a number of hospitals.

a. Post Basic Training

- In a large number of hospitals, the matter of providing nurses with specialty skills is a major concern. In general, the concerns of larger hospitals related to the difficulties (often financial) in mounting programmes for the hospital's own staff. In smaller hospitals, the issue seems largely one of "access" for their nurses to programmes. Geographic distance, ability of nurses to get away to programmes, and financial constraints were cited. Also, the appropriateness of existing courses for the small hospital setting is a matter of concern. For example, the six-month OR/PORR course may not be appropriate, given the constraints of budget and time availability, for nurses working in small hospitals.

b. Orientation

- Concerns regarding orientation were frequently cited, and seem to relate to two general areas. For hospitals with relatively high turnover, orientation (for up to 4 weeks) can be an expensive undertaking. The reduced productivity of nurses during the initial period of time is not recognized in the budget. The concerns of hospital and nursing administrators relating to the skill levels of nurses recently graduated from a two year diploma programmes was also frequently mentioned, although the level of concern seemed to vary from situation to situation. Certainly, the current process of assessment of the two year diploma programmes will assist in resolving some of these concerns. Also increased dialogue between the nursing schools and the hospitals would, in our view, contribute substantially to what may indeed be unrealistic expectations of the hospitals, or alternatively, to the resolution of correctable deficits in the new nurses' skills upon graduation.

c. Future Manpower Problems

- In some cases hospitals which have enjoyed a remarkably stable staffing situation can now predict future problems. Because of the decentralized approach to nursing education in years gone by, some communities continue to rely heavily on a cadre of nurses trained in the hospital, although the nursing school closed several years ago. With the eventual "aging" of these nurses, and with few from the community now entering nursing school a problem may exist in future years. More generally, a number of small hospitals are fortunate in having nurses resident in the community at the present time. Those who are not in this position, and/or those who for one reason or another cannot replace, from the community, nurses who leave, find recruiting in competition with larger hospitals (and larger communities) difficult.

d. RNA's

- In a number of communities, RNA's are unable to find full-time positions. Although only one hospital in the province is recognized as having a policy of staffing acute care units with nurses only (relating to the primary care nursing concept established in the hospital), we note that there are a large number of hospitals (both large and medium sized) in which the tendency is towards replacing RNA's with nurses. Throughout the province, there is a remarkable variation in all sizes of hospitals in the ratio of RN to RNA staff. Clearly the trend, however, is, and will be, to a higher RN percentage.

e. Seasonal Shortage

- Many hospitals will continue to experience shortages of nursing personnel in summer. While turnover (i.e. resignations) is often higher in late spring and summer, the main reason for summer shortages relates simply to the provision of holidays for full and part-time staff. Unless hospitals are in the fortunate position of having substantial casual staff pools willing to work in summer, shortages are inevitable. It seems that with "tight" budgets, and limited flexibility to employ nurses in excess of the approved number, such situations are inevitable, and planned limited bed closures when necessary an appropriate response.

f. Orderlies

- Because, in the main, orderlies are hired by the hospital without previous training, many hospitals which are at a distance from training centres are effectively precluded from recruiting Orderly III's. This has not been identified as a particular problem, but it does represent a difficulty if, indeed, the nursing procedures required of these orderlies are such that a formal training programme would be of benefit to them.

6.03 SOME OBSERVATIONS AND CONCLUSIONS

Clearly, the situation with respect to manpower varies from hospital to hospital and from region to region. It is obvious there exists no single manpower "problem". The problems of each hospital (or put more positively, the challenges facing each hospital) depend generally on the local situation. Recognizing that, it is incumbent upon central agencies (especially the Department of Health) to put forward on a provincial basis policies which allow hospital boards and administrations sufficient flexibility to establish hospital policies and to identify strategies that address problems faced by the hospital, and that have a likelihood of succeeding, given the unique circumstances and environment of each hospital. The implementation of an approach suggested previously in this report-namely, the establishment of specific funding within each hospitals budget for staff education purposes, might be an important start. In that way hospitals can:

- identify specific needs applicable to their setting

- establish in-house programmes to meet these needs, and/or
- send key nursing personnel to post-basic programmes within the province or elsewhere and/or
- assist staff to upgrade their qualifications, if applicable.

Realistically, it is unlikely that there will be adequate funding to solve all of each hospitals needs, or even necessarily a significant portion of them, given the current cost restraints. However such an approach does provide a clear opportunity for discussion, negotiation, and prioritization of the specific manpower needs of each hospital, and, in a global sense, therefore, of the province.

The responsibility for ensuring the existance of nursing personnel in hospitals, in adequate numbers, and with appropriate training and skills, clearly rests with the hospitals themselves. This implies that hospitals give a high priority to manpower resources management and to planning for current and future needs. While this involves both recruitment activities, and strategies for turnover reduction, it also includes the development of ongoing educational programmes for nursing staff.

One cannot escape the fact that some hospitals will have more difficulties in maintaining nursing staff than others, by virtue of:

- their relative isolation, or distance from large centres
- the supply of new nursing graduates in their region, relative to demands
- the economic situation in their communities, and other factors.

A number of strategies that have been used (effectively, in our view) in recent years by some of the hospitals in the province have been noted earlier in this report and are well worth considering, especially by hospitals presently experiencing recruitment difficulties and/or higher than average turnover. Similarly, two of the previous reports have identified a substantial number of approaches to recruitment and turnover reduction which may be applicable in many or all of the hospitals concerned.

7

THE WORK SETTING - NURSING HOMES

7.00 THE WORK SETTING - NURSING HOMES

The nursing home sector provides long-term care to approximately 3900 clients. As noted previously in the report, this sector has expanded substantially over recent years in terms of the number of clients being served. From a manpower perspective, an equally important fact is that in the previous five years, the number of clients receiving Level III Care has increased by 66%. Current Department of Health plans provide for a further increase in the order of 500 beds over the next five years.

7.01 CURRENT MANPOWER SITUATION

In terms of numbers, the nursing home sector is not a major employer of nusing personnel (at the RN and RNA levels). Generally speaking, the current manpower situation parallels the hospital situation, in as much as there exists no major difficulty in recruiting RN's or RNA's except in specific areas in which factors such as relative isolation, insufficient number of nurses resident in a community etc. are present. In many areas there are more RNA's available than can be hired. We are advised that generally, turnover of staff is significantly lower than that experienced overall by hosptials, and is not a problem in most instances.

In a majority of cases, nursing homes have been able to recruit nurses with considerable nursing experience in the hospital setting. This has obviously proven to be of considerable benefit, in that a broad range of acute clinical situations can occur (perhaps infrequently) in the nursing home setting, and the acute care experience of the few nursing personnel that are available at any one time in most homes is a definite advantage. Additionally, in the nursing home setting, nurses are generally required to take on leadership roles within the nursing care group, including the provision of supervision and support to other members of the nursing team, and often including some administrative responsibilities. In these situations as well, the availability of experienced nurses is of considerable value.

Note is made that, effective April 1, 1982 employees of nursing homes will be included in the public service pension plan (in the same manner that hospital employees are presently included). While perhaps only a small point from the perspective of manpower planning, the achievement of this objective eliminates one barrier to the recruiting of nursing personnel in nursing homes.

7.02 MANPOWER ISSUES IN NURSING HOMES

There are two very substantial concerns regarding manpower which are unique to the nursing home system.

Continuing Education For Nursing Personnel

The graduates of the diploma schools of nursing are generally oriented toward, and prepared to provide, nursing care in the acute care setting. A number of administrators and directors of nursing, in nursing homes, express concern that there is little orientation or preparation for the unique requirements of providing nursing care in the long-term setting within nursing education programmes. In large measure, this comment applies also to the training programme of RNA's. In particular, both RN's and RNA's (even those who have worked in the acute care setting for sometime) generally have minimal experience or background in the fields of gerontology, mental health and rehabilitation. An additional concern, while less easy to define, is that the attitudes and expectations of nurses oriented to the provision of acute care are generally not appropriate to the long term care setting. It is often a difficult transition for nurses to make, as they must, it they are to be fully effective in this setting. Finally, we have already alluded to the demands generally placed on nurses in the nursing home setting regarding the role of nurses as supervisor of other nursing personnel and, in many cases, as a teacher and "leader" of the nursing care team. Unless experienced, many nurses have difficulty fully accepting this role.

The orientation of current undergraduate nursing programmes to acute care has lead to a call, from some quarters, that there may exist a need for a special undergraduate programme to prepare nursing personnel for the long-term care field. The obvious alternative, and one that we would recommend, is the development of substantial inservice and post-basic programming for nurses employed (or planning to work) in the long-term care field. This is simply not available at the present time.

There are a considerable number of barriers which must be overcome, if special inservice and post-basic programming is to be made available. Generally speaking, nursing homes have few nurses, hence it is difficult to free up one or more nurses to attend special programmes. Also, nursing homes have little in the way of financial resources to send people away. Additionally, because most nursing homes do have small professional nursing staffs, it is difficult to mount such programmes "in-house".

The Role of RNA

Within the nursing home system, the RNA's role is virtually identical to that of the untrained aide. Indeed, the job descriptions of each of these two groups is identical. It is also significant that in spite of the substantial increase in the number of clients requiring high level of nursing care, there has been minimal, if any, increase in the number of RNA's employed in the system.

A very real concern exists within the nursing home system with respect to the most appropriate staffing of the nursing homes. Recognizing the substantial percentage of patients requiring considerable nursing care, and recognizing that a large percentage of the nursing care staff in the homes consists of untrained (or on-the-job trained) aides, many in the nursing home system are anxious to undertake a study to determine the appropriate staffing mix necessary for the provision of optimum care.

From the point of view of manpower planning, it is clear that a satisfactory resolution of these questions being put forward by the New Brunswick Association of Nursing Homes is urgent. We have already noted the fact that the numbers of RNA's being employed in acute care hospitals will undoubtedly continue to contract. If there is not a clearly established role for the RNA in the nursing home sector, it is clear that the long-term future of the RNA in New Brunswick is in doubt.

7.03 SOME OBSERVATIONS AND RECOMMENDATIONS

In our view the two issues noted above which are of special concern in the nursing home setting, requre early action. We would recommend that the Nursing Home

Association, the Department of Health, and the Registered Nursing Association jointly place a high priority on the development of programmes specifically designed for the nursing home sector which are both appropriate, and "accessible" to the nursing personnel in this setting. Because of the generally small number of nurses on staff, and because of limited resources, it is clear that individual nursing homes will not be able to mount, within their own resources, substantial orientation programmes for new nursing personnel, or substantial "in-house" inservice programmes. By the same token, the development of lengthy programmes at a central location may also prove problematic in that many nursing homes may be unable to free up nurses to attend. Certainly, one aspect of the problem relates to availability of identified funding to provide nursing homes with tuition costs, travel costs, and if necessary replacement costs for nurses to attend programmes.

From the point of view of the logistics of developing such programmes, a considerable degree of creativity is required to make such programmes accessible to a substantial number of nurses. One answer may involve the development of a planned series of short courses which, if possible, could be taken to a number of centres across the province. It is also true that the specific subjects of interest, including gerontology, mental health, and rehabilitation, are of considerable interest to many hospitals as well. Indeed a number of hospitals may have substantial personnel resources and a capability of providing continuing education programmes to the nursing homes assuming, of course, funding were available.

The second concern of the nursing home group relates to the role of the RNA. Clearly, we would recommend that a high priority be placed on a thorough review of the current situation. If indeed, it is determined that the role of the RNA is virtually identical to the role of the untrained aide, then clearly policy decisions have to be made with respect to the future of RNA training programmes. Equally importantly, there then exists the major challenge of providing enhanced on-the-job training to the current large number of aides in the nursing home sector. Our own bias is that there indeed does exist a very real role for nursing personnel at the RNA (or similar) level, who have progressed through a formal and appropriate educational programme and received "certification". In our view the situation is of sufficient importance that it justifies examining the current training programme for RNA's. If the future of the RNA is primarily in the long-term care setting, undoubtedly this factor should be reflected in the orientation and objectives of the training programme, and the experience and skills developed during the programme.

8

THE WORK SETTING - PSHYCHIATRIC HOSPITALS

8.00 THE WORK SETTING - PSYCHIATRIC HOSPITALS

The nursing manpower situation of the province's two psychiatric hospitals is vastly different from that of the majority of general hospitals. Traditionally, both hospitals have had few professionally educated nursing staff. Traditionally, too, nurses have not found large psychiatric hospitals an attractive work setting.

The development of a province-wide plan for the delivery of mental health and psychiatric services is presently under consideration. Almost certainly, the two psychiatric hospitals will ultimately take on specific roles within the system, which may imply fewer beds, whereas community-based services, or regional hospital based services, or both, will take on expanding roles. Both hospitals, however, are striving to increase the number of RN's on staff to meet accreditation standards and to provide an enhanced level of care.

8.01 THE CURRENT MANPOWER SITUATION

The two hospitals have succeeded in increasing the number of nurses on staff over the recent past, but still have a substantial way to go to meet accreditation standards. Both hospitals continue to have a high turnover rate (reported in 1980-81 HS-1's at over 30%).

At the Restigouche Hospital Center, a high proportion of applicants, and new appointees are residents of Quebec, and thus unlikely to remain on staff for an extended period. An additional concern is that the majority of nurses are new graduates, and, with high turnover, there is little opportunity to develop a "core" group of experienced nurses.

With a larger population base from which to recruit, Centracare in Saint John has fared slightly better in recruiting nurses. However, they continue to recruit from England (and assist nurses in obtaining courses so they can become registered). Centracare has also found that some part-time nurses have been available to them.

In both hospitals, however, recruiting of nurses requires major effort. A particular problem (and one that is relatively greater in psychiatric hospitals than in general hospitals) is recruiting of males at all levels of the nursing organization.

Both hospitals carry out substantial "educational" activity, and there are active "in-house" training programmes for all levels of staff, particularly the large group of psychiatric attendants. Both also participate in the undergraduate nursing programmes of nearby nursing schools.

8.02 OBSERVATIONS AND CONCLUSION

It is obvious that the challenges with respect to nursing manpower facing the psychiatric hospitals involve:

- recruitment of nurses
- reduction of turnover
- development of a nursing staff with experience, skills and education in mental health nursing.

Both hospitals recognize that the achievement of these objectives will take several years. Both place a high priority on the provision of in-service and post-basic education programmes, as the major avenue to achieving their objectives.

In our view, a major step forward would be the re-establishment of a post-basic certificate programme in mental health (psychiatric) nursing. Although it is unlikely that either hospital will be expanding services, certainly there will be a substantial requirement for nurses with this background in the hospital. Given the locations of the hospitals, and the fact that the small nursing staffs make it difficult to send nurses away for lengthy periods, the problem of "access" to such a programme is immense. It would be very advantageous to have at least a portion of the mental health certificate programme provided "on-site", and on a part time basis, if at all possible. It would also be helpful if nurses obtaining the post-basic certificate could also receive "credits" toward a BN (although, in saying that, we recognize that such a suggestion may not be practical from the academic point of view).

Additionally, these hospitals will need to be able to provide other educational opportunities that may be applicable to their circumstances, including:

- offering "in-house" short term programmes for special groups (e.g. head nurses, nursing personnel working in special units, etc.)
- assisting existing staff members to up-grade (e.g. English nurses to obtain registration; qualified and highly motivated RNA's and psychiatric attendants to obtain their RN, etc.)

Although the achievement of a stable group of RN's, with appropriate additional training, in adequate numbers, is by the far the highest priority for the psychiatric hospitals, there are other important manpower issues to be addressed, including:

- the recruitment and retention of males at all levels of the nursing organization
- the long-term development of nursing "leaders" (particularly in the field of management of the nursing organization)
- the continued development of substantive inservice programmes for RNA's and psychiatric attendants.

In our view, the recommendations made previously with respect to:

- the development of formal post-basic programmes
- the establishment of a mechanism for financing post-basic education programmes
- the increasing of accessability to post-basic programmes by "decentralizing" portions of the programmes, if possible
- the encouraging, and assisting, of existing nursing personnel to upgrade their qualifications

are all very applicable to the province's two psychiatric hospitals. Given the urgency relative to most of the province's acute care hospitals, and the anticipated difficulty in making large-scale gains, it certainly appears that all agencies (including the Department, and University Schools of Nursing) should place a high priority in this area. As well, it is important that these hospitals continue to have the flexibility to recruit overseas (although, hopefullly, it may be possible that this will not be necessary in the not too distant future).

9

NURSING MANPOWER PLANNING

9.00 NURSING MANPOWER PLANNING

It is obvious that the challenge of "effective management of nursing manpower resources" (which was alluded to at the outset of this report) will be met only if the manpower planning effort in the province becomes an ongoing function, and perceived as an important aspect of managing the health care system. It is vitally necessary that there exist:

- a systematic approach to collection of data; to consultation with institutions, agencies and associations involved in the education of nursing personnel and the provision of nursing care; and finally, to the development of manpower policies and strategies, and
- a high degree of commitment by senior officials in the departments of government, hospitals, educational institutions and professional associations to the successful implementation of sound manpower strategies.

This will not be achieved without a considerable investment of time, and, in some cases, funding.

9.01 NURSING MANPOWER DATA BASE

We would recommend that, as a first priority, the development and maintenance of a comprehensive and timely nursing manpower data base be undertaken, and that adequate resources (both financial and personnel) be committed to this project.

As noted previously in this report the data presently available (and/or accessible) provides insufficient information upon which to base meaningful conclusions and/or recommendations across the broad range of issues that impinge on nursing manpower in the province. We would note, parenthetically, that the data presented in Appendices to this report represent only a selection of statistical information which has been culled from numerous sources, and which is put forward solely to provide an "impression" of province-wide trends.

In referring to the inadequacy of the present data base in the province, we should also note that lack of timely and accurate data has been a major problem nation-wide. It has only been within the past few years that a few of the provinces have been able to initiate the process of building up a data base. In this province the Nursing Manpower Committee made an important start on the process by conducting (by means of a survey) an "inventory" of nursing positions - and vacancies - in early 1980. However, such information rapidly becomes outdated and therefore must be updated regularly. Additionally, because the manpower situation is not static, the identification of meaningful trends is often more important in terms of manpower planning policy, than is the particular situation at a given point in time. To some extent we have attempted to identify some recent trends in this report where it was feasible to obtain such information within a limited timeframe.

It is our view that the responsibility for developing and maintaining the system, collecting and collating the data, and preparing the reports on a regular basis rests with the Department of Health. It is obvious, however, that an effective data base is crucial to the role of the Nursing

Manpower Advisory Committee; hence, the identification of what data should be collected and the interpretation of data rests largely with that Committee. Additionally, because a substantial portion of the data must be collected from employer organizations and professional associations, it is essential that the maintenance of a data collection system receive the full support and cooperation of these organizations. Statistical information collected through this system should be made freely available to all organizations and agencies involved in nursing manpower and participating in the activities of the Nursing Manpower Advisory Committee.

In our view the data base should include as a minimum:

- "inventory" data - a timely listing of positions, vacancies, recruitment activities, etc. The source of such data would be the employer organizations in the various settings (hospital, nursing homes, community agencies, etc.) Data must be updated regularly (quarterly or semi-annually).
- data on the potential "pool" of nursing personnel including the number of qualified applicants to education programs, the number of enrollees, the number of graduates, etc. This data would be supplied by the educational institutions.
- "demographic" data on nursing personnel - including total number of nurses registered and number of employed nursing personnel, number of nursing personnel seeking employment, in-migration and out-migration, educational levels (post-basic training) of nursing personnel, etc. This data would be

supplied by the professional associations from registration information. Note is made that the data required is "statistical" in nature and arrangements would have to be made to ensure the confidentiality of information provided by individuals.

- data on "turnover". In addition to obtaining turnover rates, it is important to obtain information on reasons for turnover. Depending on how such information is collected, considerable judgment must be exercised in interpreting such data but again "confidentiality" is of concern.
- data on "needs" for nursing personnel with special skills, and availability of post-basic educational programs.
- where applicable data should be maintained on a regional basis as well as on a provincial basis.
- the data base should be sufficiently flexible to provide for "special" studies as necessary from time-to-time e.g. to follow-up on the impact (success or lack of success) of re-orientation programs.

Given the volume of data to be collected, and the requirement that data be updated regularly, it is desirable that the data base be computerized as much as possible.

9.02 ROLE OF THE NURSING MANPOWER ADVISORY COMMITTEE

In 1979, an advisory committee to the Department of Health - the Nursing Manpower Committee was established. In 1980, the Committee undertook "a survey of nursing care staff in an attempt to identify actual, perceived, and potential problems and/or needs"[1], and presented a series of recommendations to the Department (see Appendix B). That committee continues to be active although, to be frank, we are not aware of the extent that the Committee's activities have actually impacted on the development of manpower policies.

In our view the Committee should, and must, play a key role in "coordinating" and "advising" government departments, employing agencies, educational institutions, if the province is to effectively plan for and/or manage its nursing manpower resources. To achieve this, the Committee must be active, credible, and influential! We would recommend that the Committee's activities include:

a. "over-seeing" the manpower data base - The Committee should have major input into the design of the system, the identification of what data is to be collected (including the commissioning of "special studies"), and, finally, the interpretation of data received.
b. preparing reports - The Committee should provide an annual report to the Department of Health, and to all organizations concerned with nursing manpower. Included in this report would be a summary of data collected, an identification of "problem" areas, and recommendations for corrective action. Additionally, the Committee should have the capacity to examine issues referred to it (by the Department, or others) and prepare special reports, when required.

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[1] Report of the N.B. Nursing Manpower Committee, 1980, p.1.

c. advising the Department generally, and with respect to specific program areas - In addition to its more general role of advising the Department on an annual basis, the Committee should serve in a "consulting" capacity to various departmental officials re specific program areas, for example:

   - priority areas for the funding of formal post-basic certificate programs
   - priority areas for funding of bursary applicants and/or employees to be given assistance for special training, etc.

d. fostering "communication" between various agencies involved in nursing manpower - The Committee should maintain an active liaison with senior officials (and Boards of Directors) of all interested groups, especially the Directors of Nursing Schools, the Hospital and Nursing Home Associations, and the professional Associations. Additionally we would recommend that serious consideration be given to "sponsoring" an annual "manpower forum or seminar". The success of such an undertaking would depend on the careful establishment of an agenda (which could include "papers" from key participants on timely topics) and on the establishment of objectives for the seminar (including decisions and/or recommendations to be made to Government).

Obviously, the activities that we suggest the Committee undertake imply significant commitment and time involvement. Indeed, one is hesitant to recommend such a major undertaking by a Committee. However, the committee structure is, in our view, important from the point of view that it brings together the input, views, and involvement of all the "actors" involved in nursing manpower planning. Clearly, it will be necessary that the Committee:

- receive significant support from the Department (including secretarial support, personnel to undertake data collection and research, etc.)
- have sufficient resources made available to it
- have frequent, and regular contact with key decision-makers in the Department, including the Director of Planning and Evaluation, the Director of Hospital Services, the Nursing Consultant, and others including, when necessary, senior executive personnel

Finally, the Committee will succeed in its advisory and coordination role only if it is perceived to be influential. Clearly, then the Committee's advice must bear considerable weight in decisions that the Department makes, involving:

- the establishment of priorities
- the funding of specific programs

9.03 HEALTH MANPOWER PLANNING

The mechanisms, strategies, and programs developed to deal with nursing manpower cannot exist in isolation of developments relating to other health manpower groups. Because nursing is by far the largest group, and because nursing personnel are key participants in the health care "team" in virtually all work settings, concerns about availability of appropriately trained nursing personnel inevitably must be considered as a priortiy. Clearly, however, there are a number of problems relating to the availability of sufficient personnel in other health occupational groups in the province. Indeed, it is likely that, for some groups at least, the manpower deficiencies are greater relative to overall needs than in nursing.

Recognizing that it is unlikely that sufficient funding will be available in the short term to accomplish all that is desirable across the entire specturm of health occupational groups, clearly a degree of coordination in the planning and implementation of manpower strategies is necessary. Specifically, we would recommend that:

1. the development of a data base for nursing manpower be done as part of a larger comprehensive data base for a number of health occupations
2. where applicable, the development of programmes to encourage students to enter specific training programs, or to make available special post-basic educational opportunities, be coordinated across the occupational groups in which urgent problems exist
3. where possible manpower programs provide employer agencies, and educational institutions sufficient flexibility to adapt programs to meet the particular needs and priorities of the region and the communities within the region.

In the broader context, it is also necessary that manpower planning in the health sector be coordinated with the more general manpower policies of the province. At the provincial level, a formal Manpower Training Strategy is prepared annually by the Department of Labour and Manpower, with input from government departments and other groups. This process is a key aspect of the planning, development, and funding of training programs in the Community College system, and for other training institutions

At the federal-provincial level, the Manpower Needs Committee is the chief mechanism by which federal-provincial cooperation is expressed. Annually a training program is agreed upon, in which the federal government contributes, through the Canada Employment and Immigration Commission (CEIC), some several millions of dollars. Currently, the nursing field is the beneficiary of CEIC funding, as follows:

a. through "institutional" training programs - training of Registered Nursing Assistants, and some Re-entry programs for nurses (funded and administered via the Community College).
b. through "industrial" training - contribution toward a number of training/education programs put forward by hospitals for all levels of personnel. To date, this has been on "application" to local CEIC offices, and has amounted to some $200,000 in the past year.

It is imperative, in our view, that the Department of Health expend considerable effort in ensuring that the health system's needs (in nursing, and in other fields, both current and anticipated) are emphatically communicated to the Department of Labour and Manpower, so that necessary educational programming for the health sector can be included in federal-provincial planning and funding. It is obviously important that the health sector obtain a maximum share of federal funds that may be available and conversely, it is important that federal funds spent on health manpower training be expended on occupational groups and training programmes which are a priority within the system. We are not convinced that this is taking place at the current time.

10

LEADERSHIP IN THE NURSING ORGANIZATION

10.00 LEADERSHIP IN THE NURSING ORGANIZATION

During the course of the study, two inter-related "issues" were frequently raised - namely, the relative lack of a career structure within nursing, and the need to encourage nurses to take on leadership roles within the work setting.

As has been noted in a previous section of this report, the opportunity to take on roles in the community setting (i.e. Public Health, Mental Health, etc.), or in the educational setting (i.e. the teaching of nursing) is almost exclusively limited to baccalaureate nurses. Additionally, the nurse holding a baccalaureate degree has a definite advantage in terms of promotion to head nurse, or to more senior administrative positions. The "other side of the coin", then, is that 87% of employed nurses (those who are diploma school graduates) and virtually all RNA's are at a decided disadvantage in obtaining teaching, community, and/or administrative positions. It is for this reason, primarily, that we have stressed the importance of making "accessible", as much as possible, programs allowing nursing personnel to upgrade their basic qualifications - for those who are motivated to take such programs.

It is clear that a high percentage of nursing personnel are not, nor will they be motivated by the promise of promotion. Rather, their motivation is to provide a high quality of clinical care. It is equally important that educational opportunities be available to ensure that these nurses possess the skills to achieve this goal as well.

Within the framework of manpower planning, "leadership" in the work setting takes on particular importance in relation to turnover of nursing personnel. A review of the literature on the subject of nursing turnover reveals that nurses cite a large number of reasons for dissatisfaction with their nursing position. Invariably, very high on the list of reasons for dissatisfaction are items such as:

- interpersonal relations with co-workers and supervisors
- lack of professional autonomy and professional recognition
- administrative philosophy and policies
- lack of support by administrative supervisors
- etc.

The frequency with which these or similar work-related "dissatisfiers" are raised in the literature as contributing to high turnover clearly indicate the very major impact that the presence or absence of a high level of leadership - both administrative and professional (clinical) - has on the nursing organization.

The Current Situation in the Province

In a substantial number of hospitals, the recruiting of nurses to take on head nurse, supervisor, or more senior administrative positions is one of the more difficult aspects of the nursing manpower situation. Indeed, in our survey of smaller hospitals, surprisingly, four of the sixteen hospitals reporting specifically mentioned this as their major, or one of their major, difficulties. Several hospitals (large and small) noted that they have had vacancies for considerable periods of time in senior nursing administrative positions, in the recent few years.

One gets the impression that, more often than not, Directors of Nursing and or other hospital administrative people end up "convincing" nurses to apply for administrative positions, rather than selecting from a number of qualified candidates (which would be the ideal).

Some Observations and Recommendations

We recognize that there is often a natural reluctance by nurses to move to administration and away from the direct provision of nursing care (the role that they chose when embarking on a career, and the role for which they were trained). Nevertheless the fact remains that head nurses who are highly motivated, and competent (both clinically and administratively) are critical to the nursing organization and to the hospital. Not only is it generally from the ranks of head nurses that more senior nursing administrators are selected, the head nurse is usually the direct supervisor, role model, and teacher for the general duty nurses, including the newly graduated nurse. In this latter role, the head nurses become a key factor in the turnover of staff.

To attract and retain competent head nurses, hospitals must make the position "less unattractive". Certainly, head nurses:

- require considerable support (including educational programs to assist them in developing a necessary knowledge base and specific management and "leadership" skills)
- deserve to be recognized as key members of the hospitals' management team. In this regard, the relative lack of financial reward (compared to nursing personnel under

their supervision) at present does not match the importance that many health care administrators place on the head nurse position

In a more general sense, the encouragement of individual nurses to take on leadership roles in the management field, or within the educational setting, or in the clinical specialties, will in the longer team undoubtedly be enhanced only if they are also encouraged to obtain additional education qualifications. Less than 1% of all nurses in the province hold qualifications at the Master's level or higher.

While we recognize the many competing demands for bursary funding from many sources, we would recommend that consideration be given by the Department (and, where applicable, by employer organizations) to providing financial assistance in the form of bursaries, to encourage at least a small number of well qualified and motivated nurses to achieve qualification at the Master's degree level. While there is a broad range of "fields of study" that would be of benefit, we would certainly include administration and mental health nursing as obvious priority areas.

While, in the short term, the nursing manpower situation will be little effected by strategies involving

- the development of a cadre of nurses with strong capability in administration, or
- the encouragement of a number of nurses to obtain high levels of education in the nursing specialties, administration, or other fields

clearly, in the longer term, the "pay-off" will be seen not only in the nursing manpower situation - but more importantly in the quality and effectiveness of nursing care.

11

SUMMARY OF FINDINGS AND RECOMMENDATIONS

11.00 SUMMARY OF FINDINGS AND RECOMMENDATIONS

It is clear that the overall nursing manpower situation in New Brunswick has changed substantially over the past 12-24 months. At the present time, most employer organizations report experiencing no significant shortages of nursing personnel. Additionally, given curent trends, which include:

- declining "turnover" in most settings
- increasing applicants to nursing schools, with projected increased numbers of graduates as of 1983

it appears that, in the main, the numbers of nursing personnel will be adequate, at least over the near future.

There are a number of factors that have led to the current situation, including, no doubt, the current economic difficulties (and high unemployment) in several areas of the province, the high cost of living forcing many families to maintain two incomes, the substantial increase in nursing salaries, etc. However, we believe that the specific actions which have been taken by employer organizations and by nursing schools in response to unsatisfactory manpower trends have contributed substantially.

Clearly the situation with respect to nursing manpower varies from hospital to hospital, nursing home to nursing home, and region to region. It is obvious that there exists no single manpower "problem". The problems of each organization responsible for providing care (or, put more positively, the challenges facing them) depend generally on the local situation. Recognizing that, it is incumbent upon central agencies (especially the Department of Health) to put forward on a provincial basis policies and programmes which will allow individual employer organizations sufficient flexibility to identify strategies and implement local programmes that address the problems faced by that institution, and that have a likelihood of succeeding, given the unique circumstance of each setting.

It is with this philisophic approach in mind that we put forward the following four major recommendations

I The Department of Health commit the necessary personnel and financial resources to the establishment of a systematic approach to manpower plannng, which would include:

- collection and distribution of manpower data
- communication and discussion with educational and service agencies involved
- coordination of policies involving manpower planning of all health occupations
- establishment of provincial policies and programmes.

Specifically we would recommend that key elements of the overall manpower planning approach would include:

A. The development and maintenance of a comprehensive and up-to-date nursing manpower data base.

We would visualize that maintenance of the data base would be undertaken by the Department of Health, but regularly updated data would be provided by employer organizations and professional associations.

B. The continued, and enhanced involvement of an active, and influential, Nursing Manpower Advisory Committee.

The key role of the committee would relate to ensuring that all involved organizations have input into the planning process. Clearly, the Committee's influence on the establishment of priorities, and on the funding of programmes must be significant, if it is to fulfil its role.

C. The establishment of an annual "forum" or seminar by the Nursing Manpower Advisory Committee and with the support of the Department of Health.

The success of such an endeavor would depend on the establishment of specific objectives for each seminar, and on the detailing of a specific agenda, which might include the delivery of "papers" relating to timely manpower topics

D. The coordination of nursing policies and programmes with those of other health occupation groups.

E. Enhanced communication and coordination with the provincial authorities (Department of Labour and Manpower) for manpower policy.

It is clearly advantageous that manpower policies and programmes in the health sector "fit" with provincial policies, if for no other reason than to ensure that priority needs of the health care system are recognized in terms of available funding. The converse is also important, i.e. that funding spent on health manpower training be spent in areas which are regarded as "priority" areas.

II The Department of Health establish a clearly understood funding mechanism for post-basic certificate programmes.

In our view, the funding mechanism established should be integrated into the annual budgetary process, and should, if possible "tie-in" with CEIC funding that may be available for some or all programmes.

The mechanism should include two avenues of funding as follows:

1. funding to organizations mounting each programme, and
2. funding, via the budgets of employer organizations, to cover costs of "sponsored" students.

In principal, at least, the total cost of post-basic programmes should be shared between the "system" (the Department of Health and/or other central funding agency), the sponsoring hospital, and the student.

III The Department of Health establish a "bursary" system or expand the present bursary program to encourage current employees to obtain higher qualifications.

We would visualize that such a program would apply in the following situations

a. for RNA's (and others) to obtain an RN.

b. for RN's to obtain a BN.

c. for BN's to obtain Master's degrees in administration, and/or clinical specialties.

In all the above cases, we would recommend that the program would apply only in very specific situations, and for limited numbers. In all cases, explicit criteria (including "need" by the employer agencies) would have to be established.

IV The Department of Health examine the present and potential future role of the RNA in the acute care setting, the chronic care (hospital based) setting, and in the nursing home setting, and establish appropriate policies based on the conclusions arrived at as a result of the examination.

Currently the RNA's role in the acute care setting seems to be decreasing. In the nursing home setting, the RNA's role appears not to be fully established. If the RNA is to have a significant role in long term care (and, in our view, the RNA or someone with similar formal training can indeed play a very useful role), it may be advisable to modify the training programmes to ensure that the graduates possess skills and attitudes appropriate to this setting.

The four major recommendations noted above relate to province-wide policies and programmes. The implementation of any or preferably all of these recommendations would, in our view, enhance the ability of both central agencies, and employer organizations alike, to effectively manage the province's nursing manpower resources. Recommendations II, III and IV particularly, do not address "numbers" of nursing personnel. Rather, they are meant to address the equally important facets of "manpower management" that relate to:

- ensuring that available nursing personnel are appropriately educated (trained) and possess the skills required to provide a high quality of nursing care, and
- ensuring that the work setting (or environment within which nursing care is given) is conducive to the provision of a high quality of nursing practice.

We would very definitely recommend that a first priority be placed on the implementation of Recommendation I, and, in actual fact, the Department is proceeding in this direction at the present time. (In large mesure, this recommendation follows up and expands upon recommendations put forward by the Nursing Manpower Committee in 1980.)

Similarly, we feel that it is urgent that the issue of the role of the RNA (Recommendation IV) be resolved at an early date. Without resolution of this issue, no realistic decisions regarding the training of RNA's can be made. As well, the eventual development of appropriate staffing patterns for the nursing home system will depend significantly on the establishment of a policy with respect to the role of the RNA.

We would also advocate the early establishment of funding systems, and policies, with respect to post-basic programmes and "bursaries" for employed nursing personnel. (Recommendations II and III). It may be that, with current cost restraints, only small amounts of funding will be available initially. In our view, one important advantage to these approaches is that one is "integrated" into the budgetary process, the other integrated into the existing bursary system. Hence, it is possible to establish "priorities", which is particularly urgent in times of limited resources.

The following recommendations are to the province's nursing schools and employer organizations. They are presented as "suggestions for consideration", and should be reviewed in conjunction with the several other recommendations put forward by the Committee on RN Availability and the Nursing Consultative Committee on Nursing Shortages.

To the nursing schools, we would recommend

1. the continuation of a high level of promotion, public awareness, and specific recruiting efforts, even though, at present, the numbers of applicants seem to be plentiful

2. the development of specific recruiting objectives, such as the recruiting of males, and/or the recruiting of candidates from areas/communities with a current or anticipted shortage of nurses.
3. the continuted encouragement of mature students (including RNA's) to enter their programmes.
4. enhancement of their efforts to communicate with employers - relating to
    - joint recruiting efforts, if applicable
    - participation by employers in the education programme
    - expectations of employers re new graduates
5. their substantial participation in the important area of providing education programmes to nurses "post-registration".

The final recommendation is one of particular significance, in our view. To date, the schools of nursing are little involved (with only a few exceptions) in educational programmes to nurses following their registration. And yet, there seems to be virtually universal agreement that the need for educational programming at this level (post-basic, in-service, re-entry, etc.) is a high priority throughout the province. Clearly, at least in our view, there exists a very real role for nursing schools to share (with hospitals) the responsibility of mounting post-basic certificate programmes, and re-entry programmes.

Although both university schools of nursing have responded in a very positive way to the remarkable interest being shown by employed R.N.'s in obtaining "credits" toward the baccalaureate degree, there indeed may be further ways in which credit courses can be made accessible to nurses throughout the province.

Indeed, the issue of "accessability" to continuing professional education, be it short courses, re-entry programmes, post-basic certificate programmes, or credit courses towards a degree, represents a major challenge for agencies presenting such programmes. We would recommend that every effort be made to increase access to programmes by means of

- providing programmes or portions of programmes "on-site" and/or
- providing portions of programmes on a part-time basis and/or
- utilizing guided self-study techniques, teleconferencing systems etc.

and that priority be given to funding of programmes which can be demonstrated to be accessible to nurses in as may areas and regions of the province as possible.

In the final analysis, however, it is the agencies which employ nurses and which have the responsibility to provide their clients/patients with nursing care, that determine the effectiveness of the management of the province's manpower resources.

The fact is that over the past two years, three very excellent reports on the nursing manpower situation, and a large number of valid recommendations have been put forward. Additionally, this report has provided four main recommendations to the Department of Health which would, in our view, significantly enhance the capability of hospitals and nursing homes to effectively manage their nursing manpower resources. Special studies may indeed contribute to the identification of policies, programmes and strategies. The implementation is dependent on the level of commitment exhibited by the hospitals and nursing homes where the needs exist.

In this report, we have recommended several "priority" areas, on the basis of our consultation with senior hospital and nursing home personnel - including:

- the development of an increased range of post-basic certificate programmes
- the re-establishment of the mental health post-basic programme that is accessible to nursing staff of the two psychiatric hospitals
- the development of increased education programmes to head nurses designed to provide a better background in the administrative aspects of their role

- the development of continuing education programmes specifically designed for nursing personnel in nursing homes, relating to gerontology, mental health, and rehabilitation.

Clearly, whether or not funding is made available, these programmes, or other programmes of importance to institutions, will not be introduced unless hospitals and nursing homes (either individually, or collectively through their respective associations) actively advocate their introduction, demonstrate the need for such programmes, share in the responsibility for mounting programmes, and commit themselves to sending staff members to participate in the programmes.

Specifically, we would recommend to hospitals

1. that they make known their objectives and "needs" (either individually, or collectively through the Association) to the Nursing Manpower Advisory Committee and to the Department of Health.
2. that those hospitals with current or anticipated shortages continue to recruit aggressively "within" the province - and consider the introduction of recruiting techniques that have been successful for other hospitals including:
    - recruiting prior to graduation in nursing schools

- hiring nursing students (particularly BN's) during their summer break
- seeking out nurses in the community and assisting them to obtain Re-Entry programmes

3. that hospitals carefully review "turnover", and reasons for resignation, and, where appropriate, consider implementation of specific strategies to reduce turnover. (A number of strategies which have been utilized by hospitals in the province are noted in an earlier section of the report).
4. that, where resources permit, hospitals (in conjunction with nearby nursing schools) pursue the implementation of formal post-basic programmes as an alternative, in some cases, to the mounting of an "in-service" programme of up to 8 weeks duration for nurses working in, or seeking to work in, certain specialty units.
5. that smaller hospitals continue to seek "appropriate" and "accessible" educational opportunities for their nursing personnel. Some smaller hospitals have found that nearby regional hospitals can often provide short, tailor-made, "hands-on" experience to individual nurses that is very useful (e.g. in OR techniques, rehabilitation, critical care, recovery room, etc.).
6. that all hospitals, large and small, develop "longer-term" manpower plans for their nursing organization, which may include, depending on circumstances

- joint recruiting (with nursing schools) of nursing students from the community
- the "sponsoring" of selected nurses to take post-basic programmes, so that they, in turn, can provide enhanced "in-service" programmes to nursing staff
- the "assisting" and encouragement of selcted nurses to obtain higher qualification
- the provision of appropriate educational programmes to head nurses.

The implementation of any of these recommendations is obviously dependent on the availability of financial resources, and, as well, on the maintenance of a high level of commitment to "manpower planning" by senior officals of the hospital. Many of the specific actions that have been suggested can, and in our view should, be viewed as "investments" in the future effective operation of the hospital, and as such, it is not inappropriate for hospitals to utilize non-public funding that may be available to the Board, for such purposes.

To the province's nursing homes, we would specifically recommend that they (individually, or collectively through their Association)

1. pursue with the Department of Health, the exmination of, and the establishment of policies relating to, staffing patterns which are appropriate to the nursing care needs of their clients.

2. pursue, with hospitals that currently have significant expertise in the long-term care and rehabilitation fields, with nursing schools, and, if necessary with outside agencies, the development of a continuing education programme (or preferably a coordinated series of programmes), appropriate for, and accessible to, nurses employed in nursing homes throughout the province.
3. in the longer term, seek funding (see Recommendations II and III) for the provision of assistance to selected nursing personnel to obtain formal post-basic programmes, and/or to upgrade qualifications.

APPENDICES

APPENDIX A

A Listing of Individuals Who Provided Input During the Course of the Study

APPENDIX A

Individuals Who Provided Input During the Course of the Study

Mr. J. Carter - Department of Health
Ms. F. Mackie - Department of Health
Dr. D. Ingraham - Department of Health
Ms. J. Oulton - Department of Health
Mr. R. Harley - Department of Labour and Manpower
Mr. V. Olive - New Brunswick Hospital Association
Ms. B. Hoyt-Hallett - New Brunswick Association of Registered Nurses
Ms. I. Smith - New Brunswick Association of Registered Nursing Assistants
Mr. N. Dupuis - New Brunswick Home Association
Ms. C. Morrison - L'Ecole d'Infirmières de Bathurst School of Nursing
Ms. A. LaPlante - Ecole D'Enseignement Infirmière Providence
Ms. Gautreau - A.J. McMaster School of Nursing
Ms. Y. Cyr - Ecole de Formation Infirmière d'Edmunston
Ms. A. Thorne - Saint John School of Nursing
Ms. I. Leckie - University of New Brunswick
Ms. V. Wade - Université de Moncton
Mr. P. LeBouthillier - Dr. Geo. L. Dumont Hospital
Ms. I. Biddington - Dr. Geo. L. Dumont Hospital
Mr. W. Kilpatrick - The Moncton Hospital
Ms. M. Sherrard - The Moncton Hospital
Mr. F. Rayworth - The Moncton Hospital
Ms. E. Mowatt - Saint John Regional Hospital
Ms. M. Slipp - Saint John Regional Hospital
Ms. LeBlanc - Saint John Regional Hospital
Ms. Pinley - Saint John Regional Hospital
Mr. K. Rayment - Charlotte County Hospital
Ms. K. Smith - Centracore Saint John

APPENDIX A (Cont'd)

Mr. W. Beatty - Dr. Everett Chalmers Hospital
Ms. L. Mills - Dr. Everett Chalmers Hospital
Ms. G. McKinnon - Dr. Everett Chalmers Hospital
Mr. M. Poirier - Hotel Dieu d'Edmunston
Mr. G. St. Onge - Restigouche Hospital Center
Mr. C. Pichette - Restigouche Hospital Center
Ms. C. Redstone - Restigouche Hospital Center
Ms. T. Tonthat - Chaleur General Hospital

Additionally, information was provided by:

Sackville Memorial Hospital
Hopital Stella Maris de Kent
Fundy Hospital Association
Grand Manan Hospital
Sussex Health Center
Grand Falls General Hospital
Hotel Dieu de St. Joseph - Tracadie
Hopital de l'Enfant Jesus
Hopital de Lameque
Forest Hill Rehabilitation Center
North Carleton Hospital
Harvey Community Hospital
McLean Memorial Hospital
Gardner Memorial Hospital
Hotel Dieu de St. Joseph - Perth
Tobique Valley Hospital

APPENDIX B

Summary and Recommendations of the Report of the New Brunswick Nursing Manpower Committee

SUMMARY

The May, 1980, Nursing Manpower Survey did not reveal any overall trend towards a shortage of nursing personnel however, there were a number of vacant registered nursing positions in the hospital, nursing home and education settings.

Both regional and institutional variations with regards to staffing problems were noted. For example, some institutions have little or no problem meeting their staffing complement while others, in the same area, experience chronic shortages. As well, the nursing staff in some regions remains generally stable, while other regions have indicated that the manpower situation fluctuates considerably. Over all, staffing problems become more acute during the summer months.

There were shortages of qualified nurses in many specialty areas. The lack of sufficient opportunity and incentives for continuing education were identified as a major reason for these shortages.

The number of English speaking students attracted to nursing programs has remained relatively constant. However, the number of French speaking students has dropped dramatically and, unless remedial action is taken, serious shortages can be predicted.

The attrition rate within the diploma schools of nursing and the university programs were not closely examined. Never the less, preliminary investigation suggests that these rates are high.

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Although the data on nurse migration is not complete, as of 1977 there appears to be a trend of declining immigration. As well, the number of new graduates requesting registration transfers from New Brunswick has decreased. This trend is contrary to popular belief thus indicating that further study and clarification is necessary.

With regards to Registered Nursing Assistants, the survey results indicates a discrepancy between the actual needs of the institutions, as shown through their vacancy numbers, and the perception of supply. For example; in Region 1, 7 of the 11 nursing homes responding indicated a surplus of Registered Nursing Assistants while a 6 percent vacancy rate existed. Similarly in Region 2, 4 of the 7 responding hospitals perceived an oversupply of Registered Nursing Assistants; and yet, the May vacancy rate was 10 percent and the projected Fall vacancy rate was 17 percent.

A chronic shortage of Orderlies was reported by approximately half of the responding hospitals and nursing homes. This problem was not in evidence with regards to Aides. Most nursing homes were able to meet their staffing complement of Aides.

The perceived oversupply of Registered Nursing Assistants and the perceived shortage of Orderlies, raises a number of questions relating to these groups such as:

- Since Registered Nursing Assistants and some Orderlies receive comparable formal training, why are R.N.A.s not being utilized in lieu of Orderlies?
- Why are some male R.N.A.s classified as Orderly III?

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- Since Registered Nursing Assistants receive comparable formal training, why are Orderlies permitted to perform certain tasks that Registered Nursing Assistants may not? eg. catherterization.
- Since not all Orderlies receive formal training why do all receive the designation title Orderly? eg. female employees have R.N.A.-Aide designation.

The Nursing Manpower Committee recognizes that it has an important role to play in the promotion and development of nursing manpower New Brunswick. To that end the Committee has identified many areas that require carefull study. In co-operation with the Department of Health and the appropriate agencies, Committee activity will be directed torward addressing the following:

- a review of the issues related to enrollment and attrition in university, diploma and nursing assistant programs.
- review the need for administrative preparation of the nurse for various employment settings.
- a review of orientation programs and the perceived need to more specifically define employer and employee expectations.
- a study of the rural vs. urban nursing situation.
- an examination of the factors that relate to active nurse migration.
- a determination of the extent to which a proliferation of health care personnel is occuring within the Province.

RECOMMENDATIONS

1. That the Department of Health recognize health manpower planning as a priority and co-operate with the appropriate agencies in the development of a provincial health manpower strategy.

2. That the Department of Health give priority to the development of a suitable health manpower data base for nursing personnel and that the Department develop this base in consultation and co-operation with the appropriate agencies.

3. That the Department of Health provide a leadership role in the development of a co-ordinated Nursing recruitment strategy.

4. That the Department of Health, in co-operation with the appropriate agencies, undertake action to offset the decline in enrollment among French nursing programs.

5. That the Department of Health, in consultation with the New Brunswick Association of Registered Nurses and the Educational Institutions:

   a. identify the roles and responsiblities of institutions, diploma and baccalaureate schools in specialty courses and all other areas of continuing edcuation.
   b. identify the need for continuing education for nurses.
   c. explore the feasibility of establishing continuing education programs.
   d. explore the feasibility of providing incentives for continuing education training.

6. That the Department of Health explore with the appropriate bodies the feasibility of commissioning a Task Force to study nursing education in the Province with respect to:

   a. the development of a more integrated system with opportunity for progression between educational levels.
   b. the development of core concepts to be taught in all nursing-related educational programs.
   c. the development of up-grading programs for registered nursing assistants.
   d. the feasibility of integrating the orderly and registered nursing assistant program.

7. That the Department of Health encourage hospitals to recognize the need for and support the promotion of inservice and other forms of continuing education.

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8. That a study be conducted to examine the non-active registered nurse in an attempt to identify the reasons for not practicing as well as to identify and recommend appropriate incentives for re-entry into the profession.

9. That the Department of Health, in co-operation with the appropriate agencies, initiate a study to:

    a. identify the role of the Registered Nursing Assistant in the total health care field now and in the future.

    b. to identify the supply and demand for Registered Nursing Assistants. The study should include distribution of R.N.A.s as well as a review of the previously collected data.

10. That the New Brunswick Association of Registered Nurses be recognized as the appropriate body for approving continuing education courses for nurses; and, that the Association of New Brunswick Registered Nursing Assistants be recognized as the appropriate body for approving continuing education courses for nursing assistants.

11. That the Department of Health, in consultation with the appropriate agencies, seek to give recognition to Orderlies who have been trained in a formal training program by establishing an occupation title identification which will differentiate them from Orderlies who have received on-the-job training.

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APPENDIX C

Summary and Recommendations of the Report of the Committee on RN Availability Within New Brunswick

Summary and Recommendations

Across the country, attention has increasingly focused on the growing shortage of registered nurses. Although New Brunswick has not experienced a critical shortage, efforts have been made to assess and improve the supply situation. In March of this year the Minister of Health established a committee to study factors affecting R. N. availability within the province. This adhoc committee, with representation from nursing service and education, was commissioned to:

> Examine the broad spectrum of factors affecting R.N. supply within the hospital, community health and nursing home settings.
>
> Identify major attrition and recruitment factors within nursing service.
>
> Recommend mechanisms for further study of selected aspects of the registered nurse supply problem.
>
> Recommend actions which will positively impact on registered nurse availability, both immediate and long term.

Over a four month period the Committee utilized a broad range of resources to address the variables involved in nursing recruitment, retention and turnover in the hospital, nursing home, education and community nursing settings.

At the present time there are sufficient nurses in the province to meet the manpower needs. However, nurses are unwilling to work in the circumstances prevalent in many settings, particularly the hospital. Working conditions, limited opportunities for advancement and parental role responsiblities lead nurses to opt out of nursing on a temporary or permanent basis. Those in the hospital setting are attracted to the other nursing settings and the drain on hospitals is becoming a major concern.

Nurses in all settings studied are committed to providing quality health care and are frustrated when unable to do so. Workloads that create "care by crisis", non-nursing functions, and lack of input into decision-making and effecting change create dissention and rising attrition. Nurses want a supportive administration, opportunities for continuing education, competent supervisors and more authority in providing nursing care. Unless steps are taken to provide nurses with increased job satisfaction, RN availability will become critical. The following recommendations are offered in an effort to assist the immediate and long term availability of registered nurses in New Brunswick.

The Nursing Home Setting

1. That Nursing Home Services, in collaboration with N.B.A.R.N., develop and implement practice standards for nursing home nurses.

2. That Nursing Home Services study the professional to non-professional ratios in nursing homes and establish ratios which reflect the specialty needs of gerontological clients.

3. That Nursing Home Services, in collaboration with N.B.H.A. and N.B.N.H.A., establish a volunteer program for nursing homes with the necessary personnel and policies to create and maintain the volunteer service.

4. That Nursing Home Services continue to assess the impact of the expansion of paramedical services within nursing homes, and plan the related and necessary adjustments in R.N. complements.

5. That Nursing Home Services take the initiative in utilizing mechanisms to improve communications between hospitals and nursing homes.

6. That in lieu of the continuity of care form presently utilized in patient transfers, N.B.H.A. direct hospitals and homes to issue a medical summary, nursing care plan and nursing history when transferring patients between facilities.

7. That Nursing Home Services develop and utilize a uniform nursing care plan for nursing home residents in the province.

8. Nursing Home Services implement a province-wide continuing education program for R.N.'s which focuses on:

    a) Orientation needs of full time and part time nurses
    b) Supervisory skills.
    c) The roles of the nursing home nurse.

9. That in keeping with the recommendation of the Nursing Manpower Advisory

Committee, a committee representing Nursing Home Services, N.B.A.R.N., N.B.H.A., N.B.N.H.A. and Faculties of Nursing study the feasibility of establishing a specialty course in gerontological nursing, including the mechanisms for funding and financial support to participants.

10. That Nursing Home Services study the concept of incentives for R.N. supply in nursing homes, including:

    a) Strategies for the transfer of benefits between nursing homes and hospitals, and
    b) The concept of salary differentials for continuing education.

The Community Health Nursing Setting

Community Mental Health Nursing

1. That Mental Health Services correct the present deficit innumbers of community mental health nurses by increasing the number of nursing positions.

2. That Mental Health Services implement a relief pool policy for community mental health nursing which reflects budget allocations for recruitment and training.

3. That Mental Health Services establish a committee to study the concept of lateral promotion and other incentives in order to deter the drain, both real and potential, created by present staffing methodologies and classification systems in community mental health nursing.

4. That Mental Health Services accept the B.N. as minimum criteria for nurses employed in mental health clinics, and develop mechanisms and incentives to assist present staff to acquire their degree.

5. That the Department of Health and Civil Service Commission streamline hiring practices for community mental health nurses and public health nurses in order to resolve the supply problems experienced with present practices.

Public Health Nursing

1. That the Department of Health take the necessary steps to rectify the present quantitative shortages by creating more staff nurse positions in public health nursing.

2. That in light of the supply problems presently experienced in rural areas, as well as those generally encountered for orientation and training of new part time persons public health nursing be encouraged to re-assess interpretation and administration of policy regarding the part time employees.

3. That a structural study of public health nursing be undertaken by a consultant employed by the Department of Health, and monitored by a steering committee to have the following representation:

   1 public health nurse administrator
   2 public health nursing staff (1 from a large office
   and 1 from a sub-office)
   1 representative from a University nursing faculty
   1 DMHO
   1 administrator from a community service agency
   1 representative from the Department of Health
   1 chairman from the general public.

4. That the structural study outlined above address the following:

   a) The role of the head nurse, supervisor, DMHO and higher administrative positions in relation to all aspects of nursing administration, and in particular:
      i) budget development and administration
      ii) policy development in relation to continuing education, sessional policy, committee attendance and professional involvement in nursing affairs
      iii) qualifications requisite for nursing administration

iv) opportunities for decision making input
v) the expansion of the nursing team concept, e.g. BN, RN, technician and volunteer.

The Hospital Setting

That a committee with representation from the Department of Health and N. B. H. A. be established to assess the need for second language training for nurses in all parts of the province. Specifically, the committee should address:

i) the needs in each region
ii) mechanisms to meet these needs.

That a committee be set up to study job performance incentives in hospitals which include incentives to remain at the bedside (e.g. lateral promotion) and incentives for specialty areas. Committee representation should include:

= 1 member, Department of Health
1 member, N. B. H. A.
1 member, N. B. A. R. N.
1 member, N. B. N. U.
1 member, N. B. N. M. A.
2 staff nurse members, 1 from a large and 1 from a small hospital.

That the Department of Health, N.B.N.M.A., N.B.H.A., N.B.A.R.N. establish a committee to study and recommend hospital staffing methodologies that equalize patient loads, provide a more realistic patient-nurse ratio, and match the capability of the nurse to patient needs in order to facilitate the total patient care concept in nursing care delivery.

That the Department of Health, N.B.A.R.N. and N.B.H.A. encourage hospitals to study the role of the head nurse and consider the option of de-centralization with the head nurse responsible for budget, staffing, relief pools and unit administration in general.

That the Department of Health together with N.B.A.R.N., N.B.N.U. and N.B.H.A. work toward the establishment of 24 hour child care facilities for nursing employees.

That N.B.A.R.N. and N.B.H.A. facilitate the development and implementation of hospital policy which differentiates the BN-RN roles in order to assure utilization of each to full potential.

The Education Setting

That nursing deans and baccalaureate faculties, assisted by N.B.A.R.N., identify their resource needs in relation to faculty supply and lobby with university administrations for the necessary resources.

2. That N.B.A.R.N. and employing agencies facilitate an increased emphasis on change theory, adaptation theory, reality shock and assertiveness in basic nursing education programs and continuing education endeavours.

3. That the Department of Health discuss with N.B.A.R.N., diploma and baccalaureate schools the need for increased exposure to management principles in the school programs in order to help new graduates function in the employment setting, and that such discussions also address the student need for supervisory experiences during the educational process.

That the Department of Health and N.B.A.R.N. urge baccalaureate programs to consider the concept of specialization in terms of course options for administration, teaching and research skills during the senior years.

That the Department of Helath and N.B.A.R.N. establish an annual forum for discussion between the faculties of diploma and baccalaureate schools in order to foster communication, understanding and goal sharing.

6. That, in future, the Department of Health discuss with schools and faculties the anticipated and planned changes in health care delivery in order to assure that graduates are prepared to function effectively in the health care system.

he Needs in Nursing Administration

. That the Department of Health, N.B.A.R.N., N.B.N.U. and representatives from employing agencies establish the mechanisms necessary in order to ensure the BN as minimum criteria for head nurses and other supervisory positions.

.. That the Director of Nursing be a practicing member of N.B.A.R.N. with responsibility for nursing and the authority and capability to fulfill the job, including in particular the preparation and administrtion of the nursing budget.

3. That the Department of Health and N.B.A.R.N. undertake a study of the management role in nursing service with emphasis on job requirements and the educational efforts, necessary to meet these needs. Representation for this study committee should include:

1 member, N. B. H. A.
1 member, N. B. N. M. A.
1 member, P. H. N.
1 member, N. B. A. R. N.
1 member, Nursing Home Services
2 members, who hold Head Nurse positions, one representing a large hospital and one a small hospital.

.N. Availability: Other Recruitment and Retention Factors

.. The Department of Health in conjunction with N.B.A.R.N. and schools - faculties of nursing provide an annual forum for discussion with counsellors in order to increase their awareness and understanding of nursing and assist them in their dissemenation of information related to nursing.

2. That the Department of Health and N.B.A.R.N. develop public service messages which will provide pertinent health information and promote nursing career.

3. That the Department of Health in, conjunction with N.B.A.R.N., N.B.N.U., N.B.H.A., N.B.N.M.A. establish incentives to attract nurses to geographic areas which have a short supply of R.N.'s.

4. That a committee representing N.B.H.A., N.B.A.R.N., N.B.N.M.A., N.B.N.H.A., and P.H.N. study the role of the part time nurse and participation incentives, including as orientation, continuing education and job sharing.

Government Funding Factors

1. That the Maritime Provinces Higher Education Commission be urged to establish a Maritime Health Research Council for the funding of health related research.

2. That the Department of Health Bursary Program give special consideration to mature applicants of diploma & baccalaureate nursing programs.

Recommendations of the Nursing Manpower Advisory Committee

1. That the Department of Health undertake action to offset the decline in the nursing enrollment in French diploma programs.

2. That the Department of Health, in consultation with N.B.A.R.N.:

   a) Identify the needs for post basic nursing education programs.
   b) Identify the role and responsibility of diploma and baccalaureate schools in post basic education, continuing education and specialty courses.
   c) Explore the feasibility of establishing post basic education programs.
   d) Explore the feasibility of providing incentives for post basic educational training.

- That N.B.A.R.N. be recognized as the appropriate body for approving post basic education courses.

- That the administrative role and the nursing profession be studied.

- That the Department of Health undertake a study of the rural nursing situation to include needs, supply, etc.

- That the Department of Health encourage hospitals to recognize the need for and support the promotion of inservice and continuing education.

- That the Department of Health take a leadership role in the development of a co-ordinated nursing recruitment strategy for applicants and employees in nursing.

APPENDIX D

Recommendations of the Report of the Manpower Consultative Committee on Nursing Shortage

9.0 RECOMMENDATIONS

- In view of the breakdown of the overall nursing shortages problem in the province into the six discrete but related problem areas, the Committee has structured its recommendations around each of these sets of problems. At the same time, the Committee has attempted to examine the inter-relationships of these problems and to make recommendations that are also general to all of the problem areas identified in Volume II of this report.

Geographical Shortages (Campbellton-Dalhousie Area)

- The major problems in the Campbellton-Dalhousie area stem from the fact that with the declining economy in the area, they are losing people who are migrating to other areas of jobs (hence the loss of second income earners who are RNs) as well as their inability to attract new residents to the community which are a normal supply of registered nurses. This structural shortage of registered nurses in the Campbellton-Dalhousie area is the most severe and persistent shortage that we have identified in any of the local labour market areas investigated. The hospitals in the area, individually, have and are trying every recruitment trick in the book and are basically keeping alive by aggressively recruiting newly graduated nurses from the Province of Quebec. And although this short-term solution only solves their problem on an annual basis, they have been able to keep their organizations staffed to a reasonable level. We applaud the ingenuity and resourcefulness of these hospitals and recommend the following in an attempt to build on their efforts to date and to contribute positively to their persistent efforts:

Recommendation #1

We recommend that the Restigouche chapter of the New Brunswick Association of Registered Nurses organize an intelligence and recruitment network to find RNs who would consider moving to Campbellton-Dalhousie and to develop an informal system of effectively integrating these incoming RNs into the social environment of the particular hospital and of the Campbellton-Dalhousie community in general.

Recommendation #2

We recommend that all the hospitals in the Campbellton-Dalhousie area begin to formally work together and pool their resources to develop joint recruitment campaigns on a monthly basis, consider the development of a signing or retention 1-time bonus for registered nurses who migrate to and stay in the Campbellton-Dalhousie area, review the ways in which the hospital nursing environments and conditions can be modified to increase the attractiveness of these hospitals to incoming RNs as well as increasing their ability to retain existing RNs, work with the municipalities of the Campbellton-Dalhousie area to improve the ability of the area to attract and retain RNs, and finally investigate the feasibility of establishing a subsidized commuter program for RNs residing in the outlying areas of the Campbellton-Dalhousie region.

Recommendation #3

We recommend that the N.B.A.R.N. assist and advise the Restigouche chapter in planning and implementing the intelligence, recuitment and integration program.

Recommendation #4

We recommend that the N.B.A.R.N. assist the coalition of hospitals in the Campbellton-Dalhousie area in developing and implementing an effective recruitment campaign, 1-time bonus system, and modifying nursing environment and working conditions in a way that will effectively reduce the turnover and improve the ability of these hospitals to attract and retain a qualified supply of registered nurses.

Recommendation #5

We recommend that the N.B.H.A. assist and facilitate the formation of a formal coalition of the hospitals in the Campbellton-Dalhousie area for the purposes of solving their nursing shortages.

Recommendation #6

We recommend that the N.B.H.A. also assist the coalition of hospitals and the Restigouche chapter of the Registered Nurses in the development and implementation of effective recruitment campaigns, development of the proposed bonus system, modifying the environmental and working conditions, and in developing the support of the municipalities in the area to improving the attractiveness of Campbellton as a place to live and work for registered nurses.

Recommendation #7

We recommend that the educational institutions and planning agencies consider the use of a bursary system tied to a return for service to increase the number of high school graduates from the Campbellton-Dalhousie area applying to enter nursing as an occupation.

Recommendation #8

We recommend that N.B.A.R.N. in connection with the Bathurst and Edmundston diploma schools develop outreach programs to these hospitals in an attempt to increase the availability and frequency of short-term post-basic training as a means of attracting and retaining RNs in the Campbellton-Dalhousie area.

Recommendation #9

We recommend that applicants for nursing schools (who are from the Campbellton-Dalhousie area) be given some form of preference for successful enrollments in these schools in an attempt to increase the core base of local students participating in the diploma school programs.

Recommendation #10

We recommend that the Department of Labour and Manpower and the Department of Health co-jointly consider the development of a special demonstration or adjustment program for the Campbellton-Dalhousie area based on the results of Recommendations #4 and 6 in which these experimental approaches could be tested, funded and evaluated in an effort to solve the problems.

Recommendation #11

We recommend that the Department of Health examine the possibility of assisting hospitals in developing the appropriate incentive and the funding for the proposed incentive-bonus system. Further we would hope the Department of Health would assist hospitals in developing the to broader corporate manpower planning approaches necessary to resolve these manpower problems in the health care delivery system.

Recommendation #12

We recommend that the Canada Employment and Immigration Commission undertake steps necessary to increase the utilization of its national referral and placement system as a further means of indicating the availability of jobs in attempting to attract RNs to the Campbellton-Dalhousie area. It is also recognized that the national referral and placement system is already in place and the principal and initiative required is to increase the placement of job orders from the individual hospitals through the appropriate Canada Employment Centre and increase the ongoing effectiveness of the planning between the individual hospitals and the appropriate Canada Employment Centre office.

Seasonal Shortages

. The annual problem of seasonal shortages of registered nurses between June 15th and September 15th is perhaps the most difficult and persistent problem being experienced by the individual hospitals. And this is not a new problem but rather one that every major health care institution in the Province has wrestled and struggled through since time in memorial. In fact, the Committee got the impression that it has been discussed so often, to little avail, that everyone appears to be basically resigned to it. This is not to diminish its importance and significance in any way because it is the Committee's conclusion that these seasonal shortages have perhaps the most depilitating affect upon not only the registered nurses in the hospitals but also to virtually every other occupational group involved in the health care delivery system.

. It is the Committee's conclusion that this is the single most important nursing shortage problem that must and can be solved on a short-term basis by the following:

Recommendation #13

We recommend that a formal task force be established under the auspices of the Department of Health to develop a series of models outlining the morally and legally acceptable ways of specifically decreasing levels of service in the major health care institutions of the Province during the summer months that will significantly reduce the nature, magnitude and impact of these seasonal shortages. This task force should be composed of all vested interests in the health care delivery system and should include minimum representation from individual RN area chapters, individual hospitals, N.B.A.R.N., N.B.H.A., and the Department of Health. The Committee also notes that these models for acceptable ways of decreasing levels of service during the summer months would also have the spin-off benefit of identifying ways in which the "designation problem" can be addressed on a medical and organization basis as well.

Recommendation #14

We recommend that the N.B.A.R.N. and the N.B.H.A. explore the option of significantly increasing number and frequency of re-entry/re-orientation training programs in each local labour market area so that they are timed to produce re-entry RNs by April or May of each year in preparation for the summer seasonal shortages. Further, that the educational institutions operate as the clearing houses for these re-entry/re-orientation training programs in the work places and that the funding mechanisms are developed jointly as part of the provincial manpower plan and the joint federal-provincial training agreements.

Recommendation #15

We recommend that the Department of Health increase its direct participation in the annual provincial manpower planning cycle and that it co-ordinate its training funds and resources as part of the overall provincial contribution to the total provincial annual training plan.

Psychiatric Nursing Shortages

- It is essential to distinguish between the shortage of psychiatric nurses in the clinical specialty within the general hospitals and the two psychiatric hospitals in Saint John and Campbellton. In the two psychiatric hospitals, the problems of attracting and maintaining qualified registered nurses trained in psychiatric nursing are significant as a percentage of their total nursing service.

- As is to be expected, the plans of the two psychiatric hospitals to upgrade their organizations and levels of health care to levels necessary for national accreditation have increased the uncertainty and concerns of both registered nurses and related occupational groups within these hospitals. This uncertainty appears to be the function of basic changes in the job definitions and responsibility areas between the registered nurses and the psychiatric attendants that are said to be required to achieve national accreditation. We must state emphatically that we are not criticizing these plans to move toward national accreditation in any way, shape or form but simply identifying the impact that some of this uncertainty and change is having on the ability of these psychiatric hospitals to attract and maintain qualified registered nurses. As such, the Committee has attempted to develop recommendations which it feels would contribute positively to the problems being experienced:

Recommendation #16

We recommend that the two psychiatric hospitals work in conjunction with the N.B.A.R.N. and the N.B.H.A. to resolve the uncertainty and concerns regarding the divisions of labour and areas of responsibility between psychiatric nursing as an occupation and psychiatric attendants in these two specific health care institutions.

Recommendation #17

We recommend that the representatives of psychiatric nurses in these two institutions participate with the two hospitals, the N.B.A.R.N. and the N.B.H.A. in the development of detailed solutions to reducing the turnover and improving the retention of existing psychiatric RNs. The Committee notes that the most severe problem is attracting registered nurses to the psychiatric clinical specialty in the first place and that it is paramount that the psychiatric hospitals improve their effectiveness in retaining these nurses once they are there.

Recommendation #18

We recommend that the two hospitals in concert with the N.B.A.R.N. and the N.B.H.A. develop collaborative recruitment strategies and programs aimed at encouraging registered nurses to consider and actively pursue psychiatric nursing as a clinical specialty both in these two hospitals as well as eventually in general hospitals.

Recommendation #19

We recommend that the psychiatric RNs currently practicing in either general hosptials or the two major psychiatric hospitals work together to formally develop approaches to increasing the awareness and orientation of other registered nurses of the nature of psychiatric nursing and improving its attractiveness to these other RNs by dispelling many of the myths and sterotypes abounding about psychiatric nursing.

Recommendation #20

We recommend that the two individual psychiatric hospitals take the lead in working with the Department of Health and the N.B.A.R.N. and N.B.H.A. (as well as representatives of psychiatric nurses working in the two institutions) cojointly explore the possibilities of developing specific and effective financial incentives for length of stay to improve the ability of the psychiatric hospitals to attract and retain qualified psychiatric nurses.

Qualitative Shortages in the Four Clinical Specialties of Surgical Intensive, Coronary Care, Neonatal, and Administration

- The qualitative shortages being experienced in these four clinical specialties are expected to be a continuing problem unless significant improvements and reduction are made in the turnover rates being experienced by the clinical specialties in most hospitals. Even given improvements or reduction in the turnover rate, the fundamental problem is the dire shortage of post-basic training in these clinical specialties in the local areas. A common difficulty is the problem practicing RNs experience in having to travel to some central training facility. The travel costs and extended time absent from their young families are major barriers to be overcome.

- The Committee's recommendations in this regard tend to be of a slightly longer-term nature. They deal with the general issue of post-basic training and the need to standardize both the nature, type, and availability.

Recommendation #21

We recommend that the individual hospitals, the N.B.A.R.N., the N.B.H.A. and the educational institutions co-jointly develop the concept of "working trainers" (similar to a playing coach) in a comprehensive and systematic attempt to provide greater and more immediate formal on-the-ward post-basic training in each hospital.

Recommendation #22

We recommend that the N.B.H.A. and individual hospitals work directly with N.B.A.R.N. and the educational institutions to co-jointly expand the development and implementation of provincially based formal post-basic training in the defined clinical specialties and to expand their availability in each of the official languages in each of the major local labour markets.

Recommendation #23

We recommend that the N.B.A.R.N., the N.B.H.A., and the educational institutions in concert with the Department of Health explore the feasibility of teleconferencing or teledon-type post-basic training courses in delivery systems as a means of increasing the availability of upgraded, post-basic, and general continuing education of registered nurses to both improve quality of nursing care as well as contribute positively to the retention of registered nurses in both the profession and individual hospitals.

Recommendation #24

We recommend that the Department of Labour and Manpower, the Department of Health and the Canada Employment and Immigration Commission explore the development of appropriate longer-term funding mechanisms for both post-basic training and continuing education based on the rapidly changing technology of hospitals and nursing in general.

Recommendation #25

We recommend that the N.B.A.R.N. and the N.B.H.A. assist the hospitals in a joint campaign to recruit formally trained clinical specialty RNs from other provinces or jurisdictions in an attempt to quickly assemble the first generation of "working trainers" to be placed in the individual hospitals.

Recommendation #26

We recommend that the individual hospitals increase formal allocation of training resources for clinical specialty RNs and that the individual hospitals and their training units increase the quality and formal duration of the existing clinical specialty in-service training programs. In effect, the committee is attempting to remedy the problem being experienced in most hospitals where the in-service training program is usually informally and inadvertently aborted because of the general shortage of nurses and the demands of patient care which take priority over any in-service training program. It is essential that the in-house in-service training programs be continued because of their direct relevance to the work place and that a higher priority be given to maintaining the integrity of these in-service programs by both supporting these efforts vis-à-vis working trainers, standardizing post-basic training packages and the teleconferencing technique. On the other hand, it must be reinforced, that the responsibility for this type of training rests with the individual hospitals and should be maintained in order to ensure the relevance of the training to the individual work places in each hospital. At the same time the Committee understands that during times of resource constraints, the formal identification of training money in any budgeting process often results in that money being cut. Efforts should be undertaken to formally designate these funds as requirements not only for improving the quality of clinical specialty RNs but also for the impact and value these in-house post-basic training programs can have on maintaining a qualified nursing staff. The Committee hopes that the identification of this problem will enable the individual hospitals, the Department of Health, the hospital boards to formally protect a certain amount of training money to be officially declared in the individual hospital budgets for these critical and urgent needs.

Turnover

. In addition to the importance of the summer seasonal shortages, the Committee has concluded that the persistent and continuous turnover of registered nurses from the hospitals is a major problem to be attacked and solved. At the same time the Committee has concluded that temporary turnover is a fact of life and that there are significant new and innovative approaches that can be utilized by the major health care institutions in reducing the length of this temporary turnover and preventing it from becoming permanent turnover. At the same time with this redefinition of turnover (as temporary), the importance of reducing the barriers to re-entry being experienced by registered nurses become apparent. And actively supporting and facilitating their re-entry and continued participation as registered nurses in the major health care institutions of the province is the most promising solution.

. We cannot understate the importance of re-examining the turnover problem and encouraging all hospitals to go back to the drawing tables and to discuss with their individual nurses ways and means of developing on-going and new solutions to these problems. We know many of the hospitals have experimented with the various approaches that are being recommended. Some have been successful and others have been failures. This does not mean these concepts won't work but rather each major health care institution must ask itself how it can make them work in the future. Each individual RN area chapter must realistically assess its needs and give its whole-hearted commitment to the successful implementation of approaches that will reduce the frequency and duration of this depilitating turnover.

Recommendation #27

We recommend that each individual hospital develop a specific strategy for reducing its turnover and monitor and evaluate its success in reducing turnover on a quarterly basis.

Recommendation #28

We recommend that the Department of Health establish a set of performance guidelines related to the turnover and absenteeism of each individual hospital and that it review on a semi-annual basis the effectiveness of the individual hospital's strategy to reduce turnover.

Recommendation #29

We recommend that the individual hospitals in concert with the Department of Health establish and maintain a methodology for costing and reporting on turnover and absenteeism and its subsequent abatement.

Recommendation #30

We recommend that each hospital work with its individual RN area chapters and representatives of non-practicing RNs in their area to identify the principal barriers to re-entry and re-activation of non-practicing nurses and to develop a specific strategy for reducing the impact of these barriers (on the basis of shared responsibility between the individual RNs, the individual RN area chapters, and the individual hospitals). The Committee's intention here is to encourage the direct participation of these three groups of stakeholders in the joint development of solutions and the need to hold each accountable for their areas of responsibility. In particular, if the hospitals are prepared to show good faith by initiating the exercise and committing some resources to the elimination of barriers, it is essential that the individual RNs and the RN area chapter demonstrate their commitment to these solutions and deliver their part of the eventual programs.

Recommendation #31

We recommend that the individual hospitals and the individual RN area chapters of the N.B.A.R.N. systematically examine the job dissatisfiers in the nursing environments in an attempt to reduce where feasible the negative impacts of these dissatisfiers while at the same time increasing the availability and impact of the so-called job satisfiers.

Recommendation #32

We recommend that the hospitals, for purposes of manpower planning, re-define the definition of an employee to include all RNs practicing and non-practicing in their local area be they permanent part-time, permanent full-time, temporary or casual, in an on-going effort to maintain, reinforce and encourage the connection of these local pools of registered nurses to the individual hospitals themselves.

Linguistic Shortages

- The linguistic shortages being experienced by the hospitals throughout the Province, although smaller in magnitude, are most important in those local labour market areas where the health care delivery services must be provided in both languages. This need also emerges in the southern part of the Province where particular hospitals have a province-wide unit that is the only one available in the Province. The efforts of the northern hospitals have been the most notable in terms of the identification of the need for bilingual capabilities but many have also indicated the need for more training of anglophones in the second language. Their traditional supply of bilingual RNs (francophone, mother tongue nurses who became fluent in English) appears to be declining as both a result of those RNs going to unilingual hospitals as well as the overall decline in the attractiveness of nursing to the francophone high school student.

- The future plans for regional hosptials in certain areas of the Province has increased the interest of anglophone in second language training. However, given the difficulties these hospitals already experience in scheduling the work itself, the scheduling and energy left for training is even more difficult and in many cases impossible.

- In view of the needs identified by the individual hospitals and the Focus Group of RNs:

Recommendation #33

We recommend that the individual RN chapters encourage their members to participate in second language training programs and that the Chapters themselves work with the individual hosptials and the appropriate government agencies to develop effective training programs suitable for implementation in hospital environments. Further, these individual RN chapters should develop support and reinforcement programs for RNs who are participating in these training programs and attempt to ensure that the training is neither lost nor wasted.

Recommendation #34

We recommend that the individual hospitals most directly affected work with the N.B.A.R.N., the N.B.H.A., the educational institutions, the Department of Labour and Manpower, the Department of Health, and the Canada Employment and Immigration Commission to explore the possibility of redesigning second language training so that it is capable of being implemented within the hospital settings and has the basic elements to sustain it on an on-going basis. We see the N.B.H.A. and the N.B.A.R.N as the lead organizations most appropriate to launching this initiative in a swift and effective fashion to ensure the development of a province-wide package that meets the needs of the individual hospitals.

Recommendation #35

We recommend that the northern hospitals pool their resources and form a coalition for the purposes of monthly joint recruitment campaigns into the Province of Quebec in order to attract both francophone and bilingual registered nurses.

Recommendation #36

We recommend that the N.B.H.A. and the N.B.A.R.N. work with the educational institutions and the Department of Labour and Manpower, and the Department of Health, and the Canada Employment and Immigration Commission in the identification of appropriate funding sources and formulas for the effective implementation and sustaining efforts necessary to bring this nursing based or hospital based bilingual training package on stream prior to the introduction of regional hospitals.

Recommendation #37

We recommend that the N.B.A.R.N. and the educational institutions expand and enrich efforts to encourage francophone monther tongue high school students to enter nursing as a profession.

Recommendation #38

We recommend that the N.B.A.R.N. and the educational institutions expand the availability of post-basic training in french in the northern areas of the Province.

APPENDIX E

Summary of Data Provided by Sixteen Smaller Hospitals

APPENDIX E

Summary of Information Provided by Small Hospitals
(Jan-Feb. 1982, 16 Hospitals Responding)

		Approved		On Staff		On Staff		Turnover		Potential Staff in Community		Vacancies		Difficulty in Filling Vacancies
		RN	RNA	RN	RNA	RN	RNA	RN	RNA	RN	RNA	RN	RNA	
REGION 1 (2 hospitals reporting)	RN	48		35		19		8		-		0		No
	RNA		36		24		11		0		5		0	
REGION 2 (3 hospitals reporting)	RN	60.5		*		*		6		9		3		Yes (1 hospital)
	RNA		18		*		*		0		14		0	
REGION 3 (6 hospitals reporting)	RN	86		78		32		8		2		7		Yes (3 hospitals)
	RNA		54		52		23		2		28		2	
REGION 4 (1 hospital reporting)	RN	41		31		13		2		18		0		No
	RNA		13.5		12		1		2		10		0	
REGION 5 -	RN													
	RNA													
REGION 6 (4 hospitals reporting)	RN	98.5		78		34		6		19		0		No
	RNA		56.5		36		29		0		30+		0	
TOTAL (16 hospitals)	RN	334		*		*		30		48		10		
	RNA		178		*		*		4		89+		2	

* Incomplete data.

APPENDIX E (Cont...)

Summary of Information Provided by Small Hospitals
(Jan - Feb, 1982 - 16 Hospitals Responding)

In addition to statistical data presented in the preceding table, several of the hospitals provided additional valuable comments. An attempt has been made to summarize these comments - as follows:

- 9 hospitals reported having no real concerns regarding nursing manpower overall, although 2 hospitals in this group noted problems relating to seasonal shortages, and 4 hospitals recorded difficulties in recruiting for nursing administrative positions.

- 6 hospitals reported having vacancies for nurses at the time of writing, but only 4 reported any difficulties in filling vacancies.

- No hospitals reported difficulties in recruiting RNA's.

- 12 hospitals reported that they were aware of RNA's in the community (or working part-time) who would likely be available to fill vacancies should they occur.

- 7 hospitals reported that there were RN's in the community who would potentially apply for positions if available.

- 5 hospitals noted the fact that new graduates require additional practical skills before they can be fully competent in the small hospital setting.

- a number of hospitals noted difficulties in obtaining "continuing education"for nurses, including:

  a) availability of programmes in French

  b) travel distance to education programmes

  c) suitability of programmes for small hospitals

APPENDIX F

SELECTED STATISTICAL DATA RELATING TO NURSING MANPOWER

Comments on Data Sources

Table 1 Nursing Personnel Employed in New Brunswick Hospitals

- A. Personnel Employed during 1977-1978 to 1980-1981 (in full-time equivalents)
- B. No. of full-time personnel employed at March 31, 1978 to 1981.
- C. No. of part-time personnel employed at March 31, 1978 to 1981.

Table 2 Turnover Rates for Nursing Personnel Employed in New Brunswick Hospitals, 1977-1981.

Table 3 Nursing Personnel Employed in New Brunswick Hospitals (in full-time equivalents) 1977-1981

- A. Large Hospitals (over 200 beds)
- B. Medium Sized Hospitals (90 -200 beds)
- C. Small Hospitals (less than 90 beds)

Table 4 Turnover Rates for Nursing Personnel in New Brunswick Hospitals, 1977-1981.

- A. Large Hospitals
- B. Medium Sized Hospitals
- C. Small Hospitals

Table 5 Nursing Personnel Employed in New Brunswick Hospitals (in FTE's), by Region, 1977-1981.

Table 6 Turnover of Nursing Personnel Employed in New Brunswick Hospitals, by Region, 1977-1981.

Table 7 Selected Population Projections by Age Group, New Brunswick, 1981-2001.

Table 8 Approved Nursing Care Positions in New Brunswick Nursing Homes, 1981-1982 fiscal year.

Appendix F Con't...

Table 13 Number of Graduates from New Brunswick Diploma Schools of Nursing, 1976-1981

Table 14 Admissions, Graduations, School of Nursing, University of New Brunswick

Table 15 Admissions, Graduations, Ecole des Sciences Infirmières, Université de Moncton, New Brunswick

Table 16 Students per 1000 Population Admitted to Diploma Schools of Nursing, by County of Residence, 1981

Table 17 Re-orientation (Re-entry) Programmes for Nurses in New Brunswick, 1978-1981

APPENDIX F

Comments on Data Sources.

Tables 1 to 6 in the Appendix have been compiled from information in the annual statistical returns to Statistics Canada (HS-1's) of the acute care hospitals for the years 1977-78 to 1980-81.

The data in these returns reflect "actual" employment of nursing personnel, so that the existence of on-going or temporary shortages, and/or other extenuating circumstances occurring during the period is already reflected in the data. Because the data is collected for statistical purposes (and, in our experience, is usually prepared by accounting/financial officials in the hospitals) it is not unusual - again, in our experience - to find a considerable variation in the way hospitals interpret several of the questions - making comparisons difficult.

Data from HS-1's should not be used, in our view, as a substitute for manpower "inventory" data collected on a regular basis from employer organizations specifically for the purpose of manpower planning.

Note is made that "Turnover" has been calculated on the following basis: number of resignations from full-time staff members divided by the number of full time personnel on staff at the end of the period. This provides only a limited view of turnover - in that part-time personnel are not considered. Additionally, because the denominator relates only to those on staff at the end of the period in question, the distinct possibility exists that this may not reflect experience during the entire period.

Data presented in Table 10 is taken primarily from Statistics Canada data. Because of methodological changes in collection of data during the late 1970's, it is difficult to compare data over consecutive years.

TABLE 1 Nursing Personnel Employed in New Brunswick Hospitals[*]

A. Personnel Employed during 1977-78 to 1980-81 (in full-time equivalents)

	1977-78			1978-79			1979-80			1980-81		
	RN	RNA	ORD.	RN	RNA	ORD.	RN	RNA	ORD.	RN	RNA	ORD.
RN	2519			2591			2734			2802		
RNA		968			918			964			959	
ORD.			258			289			294			315

B. No. of full-time personnel employed at March 31, 1978 to 1981

	1977-78			1978-79			1979-80			1980-81		
	RN	RNA	ORD.	RN	RNA	ORD.	RN	RNA	ORD.	RN	RNA	ORD.
RN	2195			2157			2288			2352		
RNA		760			718			720			682	
ORD.			243			258			281			289

C. No. of part-time personnel employed at March 31, 1978 to 1981

	1977-78			1978-79			1979-80			1980-81		
	RN	RNA	ORD.	RN	RNA	ORD.	RN	RNA	ORD.	RN	RNA	ORD.
RN	773			990			1039			756		
RNA		292			371			425			279	
ORD.			25			36			47			32

* Excluding Psychiatric Hospitals

Source: Taken from HS-1's filed by N.B. Hospitals 1977-78 to 1980-81

TABLE 2

Turnover Rates for Nursing Personnel
Employed in New Brunswick Hospitals*
1977 - 1981

	1977-78			1978-79			1979-80			1980-81		
	RN	RNA	ORD	RN	RNA	ORD	RN	RNA	ORD	RN	RNA	ORD
	%	%	%	%	%	%	%	%	%	%	%	%
RN	29.9			18.3			19.0			16.9		
RNA		17.9			12.8			12.3			7.3	
ORD			21.3			12.4			11.3			6.9

* Excluding Psychiatric Hospitals
Source: Taken from HS-1's filed by N.B. Hospitals 1977-78 to 1980-81

TABLE 3 Nursing Personnel Employed in New Brunswick Hospitals *
(In Full-time Equivalents) 1977-81

A. Large Hospitals (Over 200 Beds)

	1977-78			1978-79			1979-80			1980-81		
	RN	RNA	ORD.	RN	RNA	ORD.	RN	RNA	ORD.	RN	RNA	ORD.
RN	1613			1691			1838			1895		
RNA		471			443			500			481	
ORD.			169			198			211			224

B. Medium Sized Hospitals (90-200 Beds)

	1977-78			1978-79			1970-80			1980-81		
	RN	RNA	ORD.	RN	RNA	ORD.	RN	RNA	ORD.	RN	RNA	ORD.
RN	527			523			523			529		
RNA		266			257			251			260	
ORD.			47			53			46			46

C. Small Hospitals (Less than 90 Beds)

	1977-78			1978-79			1970-80			1980-81		
	RN	RNA	ORD.	RN	RNA	ORD.	RN	RNA	ORD.	RN	RNA	ORD.
RN	379			377			374			378		
RNA		231			218			213			218	
ORD			42			38			37			45

* Excluding Psychiatric Hospitals
Source: Taken from HS-1's filed by N.B. Hospitals 1977-78 to 1980-81

TABLE 4 Turnover Rates for Nursing Personnel in New Brunswick Hospitals*
1977-1981 (in percentages)

	1977-78			1978-79			1979-80			1980-81		
	RN	RNA	ORD.	RN	RNA	ORD.	RN	RNA	ORD.	RN	RNA	ORD.
RN	36.4			19.4			21.7			18.6		
RNA		21.1			14.9			16.4			8.4	
ORD.			27.3			14.8			7.9			5.4

	1977-78			1978-79			1979-80			1980-81		
	RN	RNA	ORD.	RN	RNA	ORD.	RN	RNA	ORD.	RN	RNA	ORD.
RN	20.8			13.6			14.5			14.7		
RNA		13.2			11.9			8.1			6.7	
ORD.			11.1			15.9			6.5			18.4

	1977-78			1978-79			1979-80			1980-81		
	RN	RNA	ORD.	RN	RNA	ORD.	RN	RNA	ORD.	RN	RNA	ORD.
RN	17.5			17.9			14.2			10.9		
RNA		12.3			9.1			9.8			6.9	
ORD.			14.1			0			3.7			8.6

* Excluding Psychiatric Hospitals
Source: Taken from HS-1's filed by N.B. Hospitals 1977-78 to 1980-81

TABLE 5 Nursing Personnel Employed in New Brunswick Hospitals (in Full-Time Equivalents), by Region, 1977-1981

Region		1977-78			1978-79			1979-80			1980-81		
		RN	RNA	ORD	RN	RNA	ORD	RN	RNA	ORD	RN	RNA	ORD
I	RN	736			749			773			825		
	RNA		293			290			291			276	
	ORD			80			91			82			84
II	RN	613			633			745			735		
	RNA		162			152			203			211	
	ORD			63			76			115			112
III	RN	505			535			539			557		
	RNA		159			149			145			150	
	ORD			47			54			46			79
IV	RN	189			203			206			210		
	RND		84			56			75			62	
	ORD			33			31			12			28
V	RN	224			215			212			209		
	RNA		115			90			114			119	
	ORD			23			28			22			25
VI	RN	252			256			259			266		
	RNA		155			146			136			141	
	ORD			26			25			26			27

* Excluding Psychiatric Hospitals
Source: Taken from HS-1's filed by N.B. Hospitals 1977-78 to 1980-81

TABLE 6

Turnover of Nursing Personnel Employed in New Brunswick Hospitals*By Region
1977 - 1981 (in percentages)

Region		1977-78			1978-79			1979-80			1980-81		
		RN	RNA	ORD	RN	RNA	ORD	RN	RNA	ORD	RN	RNO	ORD
I	RN	21.9			12.8			16.4			28.9		
	RNA		14.9			20.7			13.9			11.6	
	ORD			16.9			18.1			10.1			10.3
II	RN	52.6			21.3			29.3			7.1		
	RNA		42.1			9.2			9.3			1.8	
	ORD			33.9			6.2			8.5			2,9
III	RN	25.9			20.6			16.7			19.1		
	RNA		18.1			6.2			4.6			12.6	
	ORD			11.9			20.4			2.6			2.6
IV	RN	27.1			16.4			8.3			11.7		
	RNA		13.4			12.2			60.5			6.0	
	ORD			28.0			0			11.7			4.3
V	RN	18.7			19.5			17.7			15.0		
	RNA		9.9			9.2			12.6			4.5	
	ORD			18.1			9.1			9.1			-
VI	RN	16.9			18.3			9.3			11.8		
	RNA		11.8			9.6			5.7			4.3	
	ORD			20.8			7.8			3.8			29.1

* Excluding Psychiatric Hospitals
Source: Taken from HS-1's filed by N.B. Hospitals 1977-78 to 1980-81

TABLE 7 Selected Population Projections by Age Group

New Brunswick 1981 - 2001

(in 000's)

	1981	1991	2001	% Change*
Age 0 - 19	251.5	235.6	227.4	- 9.6%
Age 20 - 24	72.8	59.2	56.7	- 21.8%
Age 65+	68.4	81.7	86.7	+ 26.7%
Age 85+	5.9	7.3	9.8	+ 66.1%
Total Population	716.3	773.6	813.3	+ 13.5%

* percentage change over 20 years (1981 - 2001)

Source: from information supplied by
Office of Economic Advisor,
Province of New Brunswick

TABLE 8 Approved Nursing Care Positions

in N. B. Nursing Homes - 1981 - 82 fiscal year

Aides (I and II)	960
Nursing Assistants (I and II)	188
Orderlies (I and II)	137
Orderlies III	21
Nurses (I, II and III)	316
Directors and Nursing	41

Source: from information supplied by the Department of Health - January 1982.

TABLE 9

Patients in Licensed Nursing Homes
in New Brunswick 1976 - 1981

	1976	1977	1978	1979	1980	1981	% Change *
Patients receiving Level I care	842	820	813	626	534	405	-52%
Patients receiving Level II care	586	676	676	716	691	726	+24%
Patients receiving Level III care	1,621	1,732	1,919	2,093	2,340	2,687	+66%
Total Patients	3,089	3,253	3,431	3,453	3,567	3,823	+24%
Total Beds Available	3,169	3,311	3,507	3,493	3,609	3,860	+22%
% Occupancy	97.5%	98.2%	97.8%	98.8%	98.8%	99%	

* % change over the 5 year span

Note: Small number (less than 20 each year) receiving Room and Board only are not recorded.

Source: From information supplied by Department of Health (January 1982) based on surveys done in February of each year.

TABLE 10 Selected Statistics on the Supply of Nurses in New Brunswick

		1976	1977	1978	1979	1980
A.	Total Number of Registrants	5,064	*	*	5,090	5,339
B.	Ratio to New Brunswick Population	1:134			1:137	1:132
C.	Highest Level of Education (as a percentage of total)					
	1. R.N. Diploma	61%			39%	38%
	2. R.N. plus Post Basic Certificate	29%			49%	49%
	3. Baccalaureate Degree	9%			10%	11%
	4. Master's Degree or Higher	1%			<1%	<1%
D.	Number of Nurses Employed in Nursing	4,272			3,698	3,767
	1. Full-time (35 or more hours/week)	68%			67%	66%
	2. Part-time (less than 35 hours/week)	32%			28%	30%
E.	Highest Level of Education of Employed Nurses (as a percentage of total)					
	1. R.N. Diploma	61%	51%	45%	35%	35%
	2. R.N. plus Post-Basic Certificate	29%	39%	43%	52%	56%
	3. Baccalaureate Degree	9%	10%	11%	12%	13%
	4. Master's Degree or Higher	1%	<1%	<1%	<1%	<1%
F.	Place of Employment (as a percentage of total employed)					
	1. Hospital	82.5%	*	*	80%	78%
	2. Nursing Home	5.5%			6%	6.5%
	3. Community Health	45%			5%	5.5%
	4. Physician's Office/Family Practice	1%			3%	3%
	5. Educational Institution	3.5%			3%	3%
	6. Other	3%			1.5%	2%
G.	Percentage Distribution of Total Employed Nurses by Age Group					
	1. Under 25	*	15.5%	14.5%	11.5%	10%
	2. 25 - 29		24%	24.5%	26%	24.5%
	3. 30 - 34		16%	16.5%	18.5%	19.5%
	4. 35 - 39		10%	11%	11.5%	13%
	5. 40 - 44		9%	9%	9%	9%
	6. 45 - 59		8.5%	8.5%	8%	8%
	7. 50 +		16.5%	14.5%	15%	15%

*Due to methodological changes in the collection of statistics, data from 1976, 1978 and 1979 are not, (in some cases) comparable to subsequent years.

Source: from Historical Profile of Registered Nursing Assistants and Registered Nurses in New Brunswick, 1976 to 1980, Department of Health, June 1981.

TABLE 11 Registered Nursing Assistants in New Brunswick

A. Total number of licences issued

1976	1977	1978	1979	1980
1985	2033	2078	2118	2122

B. Total number of RNA's reporting as actively practising

1976	1977	1978	1979	1980
NA	NA	1727	1812	1847

C. Ratio of RNA's to total N.B. population

1980 - 1:332

D. Admissions and Graduates from the campuses of New Brunswick Community College

	1976	1977	1978	1979	1980
Admissions	158	97	103	98	101
Graduates	150	126	76	73	77

Source: From information provided by the New Brunswick Association of Registered Nursing Assistants.

TABLE 12

Number of Qualified Applicants and Number of Admissions to Diploma Schools of Nursing - New Brunswick 1976 - 1981

School	Language	Quota	1976		1977		1978		1979		1980		1981	
			App.	Adm.	App.	Adm.	App.	Adm.	App.	Adm.	App.	Adm.	App.	Adm.
Ecole d'Infirmieres de Bathurst	F	65		31		34		25		26		23	57	33
	E			25		28		24		35		39	67	32
Ecole de formation Infirmiere d'Edmunston	F	50		50		46		50		40		18	59	43
Ecole d'Enseignement Infirmier Providence (Moncton)	F	40		41		28		34		38		39	72	41
Miss A.J. McMaster School of Nursing (Moncton)	E	70		70		59		57		60		74	172	85
St. John School of Nursing	E	130		126		109		104		97		113	251	140

Source: From information provided by The Application Center for Applications to Diploma Schools of Nursing in New Brunswick.

TABLE 13

Number of Graduates from New Brunswick

Diploma Schools of Nursing 1976-1981

School	Language	Quota	1976	1977	1978	1979	1980	1981
Ecole d'Infirmieres de Bathurst	F	65			21	24	18	
	E				18	19	20	
Ecole de Formation Infirmiere d'Edmunston	F	50		39	38	29	39	
Ecole d'Enseignement Infirmier Providence (Moncton)	F	40		28	24	15	25	
Miss A.J. McMaster School of Nursing (Moncton)	E	70		43	43	39	36	
St. John School of Nursing	E	130		97	90	54	65	

Source: From information provided by The Application Center for Application to Diploma Schools of Nursing in New Brunswick.

TABLE 14 Admissions, Graduations, School of Nursing, University of New Brunswick

	Enrolled*	Graduated
1973	68	
1974	61	
1975	73	
1976	58	
1977	58	46
1978	77	44
1979	76	39
1980	approx.75	36
1981	approx.79	27
1982		45 Est.
1983		45-50 Est.
1984		

Source: From information provided by Dean I. Leckie.

TABLE 15 Admissions, Graduations, Ecole des Sciences Infirmières, Université de Moncton, New Brunswick

	Enrolled	Graduated
1972	43	
1973	44	
1974	57	
1975	56	
1976	50	35
1977	62*	34
1978		44
1979		44
1980		40
1981		52*

* Including 12 RN's enrolled in special program offered in Edmunston.

Source: From information provided by Director V. Wade.

TABLE 16 Students per 1000 Population Admitted to Diploma Schools of Nursing, by County of Residence, 1981

	Students Admitted*		Population (000's)**		Students/1000 Pop.	
	F	E	F	E	F	E
Saint John	-	59	6	80	-	.7
Westmorland	23	55	42	60	.5	.9
Northumberland	12	6	14	39	.9	.2
Victoria	8	2	12	9	.7	.2
Charlotte	0	9	.9	24	-	.4
York	0	14	3	66	-	.2
Carleton	0	11	.3	24	-	.5
Kings	0	20	1	41	-	.5
Sunbury	0	6	1	20	-	.3
Restigouche	11	9	24	16	.5	.6
Gloucester	40	15	65	14	.6	1.1
Kent	7	4	23	5	.3	.8
Queens	0	1	1	12	-	.1
Albert	1	16	1	21	1.0	.8
Madawaska	23	0	33	2	.7	-
New Brunswick	125	227	224	436	.55	.51

* From data compiled by the Central Application Center for Applications to Diploma Schools of Nursing in New Brunswick, October, 1981.

** From 1976 Census data.

TABLE 17 Reorientation (Re-Entry) Programs for Nurses in New Brunswick, 1978 - 1981

Center	Courses	Students
Saint John	4 courses (1978-1981)	76
Moncton	4 courses (1979-1981)	66
Moncton (Dumont)	1 course (1981)	11
Fredericton	4 courses (1978-1981)	79
Woodstock	1 course (1981)	15
Programs for individuals (1981) in Bathurst, Edmunston, and Saint John		6
TOTAL		253

Source: From information (estimates) provided by The Department of Health, November 1981